

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25094

1. Entity Name

WOMEN PHYSICIANS OF SOUTH FLORIDA, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90039 019 ****61.25

Principal Place of Business

%ELLIOTT S. KESSLER
4020 SHERIDAN ST., STE. C
HOLLYWOOD FL 33021

Mailing Address

%ELLIOTT S. KESSLER
4020 SHERIDAN ST., STE. C
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0032856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KESSLER, ELLIOTT S
4020 SHERIDAN STREET
STE. C
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
D WALDMAN, CORNIAZ
STREET ADDRESS 4210 S. UNIVERSITY DR., STE. 3
CITY-ST-ZIP DAVIE FL 33328

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D MONTFORD, BARBARA
STREET ADDRESS 12900 N E 17TH AVE #301
CITY-ST-ZIP N MIAMI FL

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D LETERMAN, JONI
STREET ADDRESS 2609 N E 37TH DR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D GIPPS, VERONICA
STREET ADDRESS 1815 E COMMERCIAL BLVD STE 210
CITY-ST-ZIP FT LAUDERDALE FL

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-24-2000 954-776-3456

CR2E037 (5/00)