

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/22/2000

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90193 006 \*\*\*61.25

**DOCUMENT # N98000004031**

1. Entity Name

**PALM BEACH COUNTY WOMEN PHYSICIANS ASSOCIATION,**

Principal Place of Business

200 BUTLER ST. STE 207 101  
 WEST PALM BEACH FL 33407

Mailing Address

200 BUTLER ST. STE 207 101  
 WEST PALM BEACH FL 33407-6038

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0816588

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MEREY, DAISY MD PHD  
 200 BUTLER ST. STE 201  
 WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

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 fee if applicable.

(NOTE: Registered Agent signature required when requesting)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEREY, DAISY MD	MEREY
STREET ADDRESS	200 BUTLER ST STE 201	president
CITY-ST-ZIP	W PALM BCH FL 33407	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	SQUATITO, GERALDINE MD	
STREET ADDRESS	200 BUTLER ST STE 201	
CITY-ST-ZIP	WEST PALM BCH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME	PIGLIAVENTO, LISA	PIGLIAVENTO
STREET ADDRESS	200 BUTLER ST STE 201	vice president
CITY-ST-ZIP	W PALM BCH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amanda Hoop	
STREET ADDRESS	200 Butler St. Ste 101	
CITY-ST-ZIP	West Palm Beach, FL 33407	secretary
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T = trustees

CR2E037 (9/99)