

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90055 017 \*\*\*150.00

0622562

**DOCUMENT # P00000049066**

1. Entity Name  
**JUST FOR WOMEN BIRTH AND GYN CENTER, INC.**

Principal Place of Business 8254 BOBOLINK DR. WEST PALM BEACH FL 33412	Mailing Address 8254 BOBOLINK DR. WEST PALM BEACH FL 33412
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 927 45th ST. Suite, Apt. #, etc. STE 103 City & State WEST PALM BEACH, FL Zip 33407 Country USA	3. Mailing Address 927 45th ST. Suite, Apt. #, etc. STE 103 City & State WEST PALM BEACH, FL Zip 33407 Country USA
---	---

4. FEI Number 65-1018895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RINER MCCALLISTER, PATRICIA K**  
**8254 BOBOLINK DR.**  
**WEST PALM BEACH FL 33412**

7. Name and Address of New Registered Agent

Name **RINER-MCCALLISTER, PATRICIA K.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**927 45th ST.**  
**STE 103**  
 City **WEST PALM BEACH** **FL** Zip Code **33407**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RINER MCCALLISTER, PATRICIA K</b> <b>8254 BOBOLINK DR.</b> <b>WEST PALM BEACH FL 33412</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Patricia Kiner McCallister  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01  
 Date

561-881-9650  
 Daytime Phone #

CR2E084 (10/00)