

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-07-2002 90072 027 ***150.00

DOCUMENT # P01000011472

1. Entity Name

WOMEN'S HEALTH PHYSICIANS, P.A.

Principal Place of Business

**1301 RIVERPLACE BLVD SUITE 2400
 JACKSONVILLE FL 32207**

Mailing Address

**1301 RIVERPLACE BLVD SUITE 2400
 JACKSONVILLE FL 32207**

2. Principal Place of Business

3901 University Blvd S

Suite, Apt. #, etc.

Suite 103

City & State

Jacksonville FL

Zip

32216

Country

3. Mailing Address

3901 University Blvd S

Suite, Apt. #, etc.

Suite 103

City & State

Jacksonville FL

Zip

32216

Country

4. FEI Number

59-3693671

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STONEBURNER BERRY & SIMMONS, P.A.
 225 WATER STREET SUITE 2050
 JACKSONVILLE FL 32202**

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 title if applicable.

(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, 2002 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 ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
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 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition
**PRESIDENT
 FERNANDO MIGUEL FERNANDEZ
 13754 BROMLEY PT DR
 JACKSONVILLE FL 32225**

TITLE NAME ☐ Change ☒ Addition
**VICE President
 KRISTIN PAULA FERNANDEZ
 13754 BROMLEY PT DR
 JACKSONVILLE FL 32225**

TITLE NAME ☐ Change ☒ Addition
**Secy Treasure
 CAROLE L. NEUMAN
 200 Settlers Rest
 ROUTE Vedra Bch Fl 32082**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)