

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90726 046 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

70039455

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> PO1000011472			
<b>1. Entity Name</b> Women's Health Physicians, P.A.			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> 3901 University Blvd S Suite, Apt. #, etc. Suite 103 City & State Jacksonville FL Zip 32216		<b>3. Mailing Address</b> 3901 University Blvd S Suite, Apt. #, etc. Suite 103 City & State Jacksonville FL Zip 32216	
		<b>4. FEI Number</b> 59-3693671	<b>Applied For</b> <input type="checkbox"/> Not Applicable
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>DO NOT WRITE IN THIS SPACE</b>		<b>7. Name and Address of Current Registered Agent</b>	
		Name Stoneburner Berry & Simmons Street Address (P.O. Box Number is Not Acceptable) 225 Water Street Suite 2050 City Jacksonville FL Zip Code 32202	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	President Fernando Miguel Fernandez 13754 Bromley Pt Dr Jacksonville FL 32225	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Vice President Kristen Paula Fernandez 13754 Bromley Pt Dr Jacksonville FL 32225	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Sec - Treas Carole L. Neuman 200 Settlers Rd N Ponte Vedra Beach FL 32082	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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<b>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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <i>K. Neuman</i>		4/9/03 904 398 5678	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR20348 (12/02)