

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90089 018 \*\*\*150.00

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

DOCUMENT #

1. Entity Name

ANDREA WOODS, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 16TH STREET NO.

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

ST. PETERSBURG, FL

City &amp; State

4. FEI Number

59-3699189

Applied For

Not Applicable

Zip

33705

Country

USA

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ANDREA WOODS, M.D., P.A.

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

1000 16TH STREET NO.

City

ST. PETERSBURG

FL

Zip Code  
33705

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) ☐

January 1 - May 1 Fee is \$150.00  
 After May 1 Fee is \$550.00  
 Amended UBRs \$81.25  
 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT<br>ANDREA WOODS, M.D.<br>1000 16TH STREET NO.<br>ST. PETERSBURG, FL 33705 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SECRETARY<br>ANDREA WOODS, M.D.<br>1000 16TH STREET NO.<br>ST. PETERSBURG, FL 33705 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     |

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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

DO NOT WRITE  
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

CR2E034B (12/01)