

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90185 005 ***150.00

DOCUMENT # P01000047060

1. Entity Name

NEW HORIZONS: WOMEN'S MEDICAL GROUP, P.A.

Principal Place of Business

**4205 BELFORT RD., STE. 2004
 JACKSONVILLE FL 32216**

Mailing Address

**4205 BELFORT RD., STE. 2004
 JACKSONVILLE FL 32216**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3901 University Blvd. South

Suite, Apt. #, etc.

Ste 215

City & State

Jacksonville FL.

Zip

32216

Country

USA

3. Mailing Address

3901 University Blvd. South

Suite, Apt. #, etc.

Ste 215

City & State

Jacksonville FL.

Zip

32216

Country

USA

4. FEI Number

59-3719173

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PROM, STEPHEN G

1556 PALM AVE.

JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Stephen Prom

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

50 North Laura Street Ste 2500

City

Jacksonville

FL

Zip Code

32202

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	D	<input type="checkbox"/> Delete
NAME	MARTIN, ANGELA S	
STREET ADDRESS	4205 BELFORT RD., STE. 2004	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKSEY, JOAN M	
STREET ADDRESS	4205 BELFORT RD., STE. 2004	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Angela S Martin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/02

Date

904-2963200

Daytime Phone #

CR2E034 (9/01)