

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90031 014 ***150.00

DOCUMENT # P01000117412

1. Entity Name
WOMEN'S MEDICAL OF NORTH FLORIDA, P.A.



Principal Place of Business
222 S.W. 36TH TERRACE
GAINESVILLE, FL 32607

Mailing Address
222 S.W. 36TH TERRACE
GAINESVILLE, FL 32607

34030587



2. Principal Place of Business

6400 W Newberry Rd

Suite, Apt. #, etc.
Suite 204 202

City & State
Gainesville Fl.

Zip Country
32605-4369

3. Mailing Address

6400 W. Newberry Rd.

Suite, Apt. #, etc.
Suite 204 202

City & State
Gainesville Fl.

Zip Country
32605-4369

01192004 Chg-P CR2E034 (10/03)

4. FEI Number
01-0565675

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KING, C. RICHARD
222 S.W. 36TH TERRACE
GAINESVILLE, FL 32607

7. Name and Address of New Registered Agent

Name

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

6400 W. Newberry Rd.

Suite 204 202

City
Gainesville

FL

Zip Code

32605-4369

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KING, C. RICHARD
STREET ADDRESS 222 S.W. 36TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE D ☐ Delete
NAME GROVER, LINDA J
STREET ADDRESS 222 S.W. 36TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6400 W. Newberry Rd. Ste 204 202
CITY-ST-ZIP Gainesville Fl. 32605-4369

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6400 W. Newberry Rd. Ste 204 202
CITY-ST-ZIP Gainesville Fl. 32605-4369

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 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

1/22/04

Date

352 333 0334

Daytime Phone #