2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90210 015 ***158.75

DOCUMENT # P02000075513

1. Entity Name
WOMEN'S MEDICAL NETWORK, INC.

Principal Place of Business	Mailing Address
6405 N FEDERAL HWY FT LAUDERDALE, FL 33308	6405 N FEDERAL HWY FT LAUDERDALE, FL 33308

2. Principal Place of Business	3. Mailing Address
121 N.W. 60th Avenue	121 N.W. 60th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Margate, FL	City & State: Margate, FL
Zip: 33063 Country: USA	Zip: 33063 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 76-0703293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRANTALIS, DEAN J ESQ. 2256 WILTON DR WILTON MANORS, FL 33305	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILING FEE: $150.00
After May 1, 2003 Fee will be $500.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST HALL, SCOTT 1220 NE 12TH AVEWY FT LAUDERDALE, FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Hall, Scott 1220 N.E. 12th Avenue Ft. Lauderdale, FL 33304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres. Detrick, Randy 1220 N.E. 12 Avenue Ft. Lauderdale, FL 33304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas./Secretary Carl, Geraldine B. 121 N.W. 60th Avenue Margate, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Geraldine B. Carl, Treas./Sec. 4-29-03 954-972-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
954-401-9667 Cell