

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90180 018 \*\*\*150.00

**DOCUMENT # P02000106068**

1. Entity Name  
**WOMEN'S CENTER FOR GYNECOLOGY, P.A.**



Principal Place of Business  
**1817 PIPERS MEADOW DRIVE  
PALM HARBOR FL 34683**

Mailing Address  
**1817 PIPERS MEADOW DRIVE  
PALM HARBOR FL 34683**

2. Principal Place of Business  
**2851 Alternate 19 N.**

3. Mailing Address  
**2851 Alternate 19 N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Palm Harbor, FL**

City & State  
**Palm Harbor, FL**

4. FEI Number  
**14-1846940**

Applied For  
☐ Not Applicable

Zip  
**34683**

Country

Zip  
**34683**

Country

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**

**GOODWIN, S. TATIANA M.D.  
1817 PIPERS MEADOW DRIVE  
PALM HARBOR FL 34683**

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 **S. Tatiana Goodwin**

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, 2003 Fee will be \$550.00  
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 **D** ☐ Delete  
NAME **GOODWIN, S. TATIANA M.D.**  
STREET ADDRESS **1817 PIPERS MEADOW DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

P/D ☒ Change ☐ Addition  
NAME **Goodwin, S. Tatiana M.D.**  
STREET ADDRESS **1817 Pipers Meadow Drive**  
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/03

CR2E034 (10/02)