


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # P02000117566 | |  |
| 1. Entity Name WITH WOMEN IN MIND OB/GYN, P.A. | | |
| Principal Place of Business 2215 NEBRASKA AVENUE SUITE 3E FORT PIERCE, FL 34950 | Mailing Address 2215 NEBRASKA AVENUE SUITE 3E FORT PIERCE, FL 34950 | |



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 01-0752322 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HARDING, PATRICIA A M.D.
2215 NEBRASKA AVENUE
SUITE 3E
FORT PIERCE, FL 34950**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--------------------|--|
| TITLE PD | HARDING, PATRICIA A M.D. 2215 NEBRASKA AVENUE, SUITE 3E FORT PIERCE, FL 34950 |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | <p>DO NOT WRITE IN THIS SPACE</p> |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/09/06-80001-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Patricia A. Harding, MD
PATRICIA A. HARDING, MD.

4/20/06 (772) 466 3887