## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P02000123335 DOCUMENT #

1. Entity Name

THE FEMALE CARE CENTER, P.A.



1/1

**FILED** 

Feb 21, 2003 8:00 am Secretary of State

01-16-2003 90133 047 \*\*\*150.00

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Principal Place 457 GULF BREE ALM HARBOR F	EZE CIRCLE	Mailing Address 2457 GULF BREEZE CIRCLE PALM HARBOR FL 34683	:			
Principal Pla	CEASE DI.	3. Mailing Address 4931 MILES	treach DR	I I SELLEN (H. SSIIIS II E. SSIIIS SSIII S	OLIANGES .	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKIN	Applied For	
City & State >AFET	Y HARBOR FI	City & State	F2.	- 27-0036989 -	Not Applicable \$8.75 Additional	
34691	Country	34690	Country V&A	Certificate of Status Desired     Name and Address of New Registers	Fee Required	
<del></del>	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Hegisters	<u> </u>	
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	BREEZE CIRCLE		Sireer Abdicso			
	BOR FL 34683					
			City		Zip Code	
8. The above the obligation	named entity submits this statement for ons of registered agent.	or the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I a	m familiar with, and accept	
SIGNATURE _	Signatura, typed or printed name of registered agent	and sits if applicable (NOT	E: Registered Agent signature requi	red when remetating) DAT	E	
FI After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00			Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
	Payable to Florida Department of OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 11	
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12. I hereby indicated	or on an attachment with an address	promoted to execute this repo	rt as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I furthe he same legal effect as if made under oath; th 607, Florida Statutes; and that my name appe	r certify that the information lat I am an officer or director ars in Block 10 or Block 11 if	
SIGNA	TURE: SIGNATURE AND SIGNATURE	POLICE NAME OF SIGNING OFFICE	RIED	0/(3/0)	Daytime Phone #	
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If your last return was a plorit return and you are now establishing a residence separate	1 Li Individual income lax returns (1 of 113 100) La Ment Disching a residence separate	POZODO	13331-
Decedent's name  3b. Your name (it is name, initial, and last name)  3b. Your name (it is name, initial, and last name)  4c. Spouse's name (it is name, initial, and last name)  4c. Spouse's social security number  4d. Spouse's social security number  4d. Spouse's social security number  5 Prior name(it). See instructions.  6aOld address (no. street, cky or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  6b. Spouse's old address, if different from time 6a ino. street, cky or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  7 New address (no. street, cky or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  7 New address (no. street, cky or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  7 New address (no. street, cky or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  8 DE Employment, accise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1055, 1120, etc.)  9 DE Employee plan returns (Forms 5500, 5500-EZ, etc.).  10 DE distributes name  The Female Care Center, P.A.  12 Old mailing address fro. street, cky or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  2457 Gulf Bireace Circle, Palm Harbor, Plinellas County, Florida 34690  Part III Signature  Deptime takenopsearanteer of pageon to consect (optional) > (727 ) 415-0598  11. How business location for. street, cky or town, state, and ZIP code), if a foreign address, see instructions.  12. How business location for. street, cky or town, state, and ZIP code), if a foreign address, see instructions.  13. How mealing address fro. street, cky or town, state, and ZIP code), if a foreign address, see instructions.  13. How mealings for the foreign address, see instructions.  14. How business location for. street, cky or town, state, and ZIP code), if a foreign address, see instructions.  15. How business location for. street, cky or town, state, and	from the spouse with whom you filed that return, should be	55	009664
3b Your social security number  3a Your name (its name, initial, and lass name)  3b Your social security number  4a Spouse's name (its name, initial, and lass name)  4b Spouse's social security number  5 Prior name(s). See instructions.  6a-Old address (no., street, city or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  6b Spouse's old address, if different from line 6s (no., street, city or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  7 New eddress (no., street, city or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  Apt. no.  7 New eddress (no., street, city or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  Apt. no.  8D Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)  9 Employee plan returns (Forms 5500, 5500-EZ, etc.).  10 D Business location  The Female Care Center, P.A.  11 D Employee (P. Path Harbor, Pinellas County, Florida 34683)  13 New making address too. street, city or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  4931 Mile Stretch Drive, Holiday, Paisco County, Florida 34690  Part III Signature  Deviane telephonogenumber of person to consect loptions) P (727 ) 415-0598  County Title  11 Signature  11 Determine telephonogenumber of person to consect loptions) P (727 ) 415-0598  County Title  11 Determine telephonogenumber of person to consect loptions) P (727 ) 415-0598  County Title  11 Determine telephonogenumber of person to consect loptions) P (727 ) 415-0598  County Title  11 Determine telephonogenumber of person to consect loptions) P (727 ) 415-0598	For Forms 706 and 706-NA, enter the decedent's hard	elow.	•
3a Your name (first name, initial, and last name)  4b Spouse's social security number  5 Prior name(s). See instructions.  6a—Old address (no. street, city or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  6b Spouse's old address, if different from line 6a (no. street, city or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  7 New address (no., street, city or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  Apt. no.  7 New address (no., street, city or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  Apt. no.  8 D Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)  9 D Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)  10 D Business location  The Fernalio Care Center, P.A.  12 Old meiling address (no., street, city or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  2437 Gulf Breeze Circle, Palm Harbor, Pinelias Country, Florida 34683  13 Are mailing address (no., street, city or town, state, and ZIP code), if a P.O. box or foreign address, see instructions.  4931 Mile Stretch Drive, Hollday, Pasco Country, Florida 34690  Part III Signature  Deviane telephone-mamber of pageon to consect (optional) P. (727) 415-0598  Date  Tibe Date  Tibe Tibe Tibe Tibe Tibe Tibe Tibe Tibe	► Social security numb	3b Year social sect	rity mansher
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For Privacy Act and Paperwork Reduction Act Notice, see back of form.  Cat. No. 12081V Form 8822 (Rev. 12-2002)	If joint return, spouse's signature	V Form	3822 (Rev. 12-2002)

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