

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-16-2003 90133 047 ***150.00

DOCUMENT # P02000123335

1. Entity Name:
THE FEMALE CARE CENTER, P.A.



Principal Place of Business
2457 GULF BREEZE CIRCLE
PALM HARBOR FL 34683

Mailing Address
2457 GULF BREEZE CIRCLE
PALM HARBOR FL 34683

2. Principal Place of Business
1840 WLEASE D1.

3. Mailing Address
4931 MILESTRETCH DR

Suite, Apt. #, etc.
401

Suite, Apt. #, etc.

City & State
SAFETY HARBOR, FL

City & State
HOLIDAY, FL

4. FEI Number
27-0036989

Applied For
Not Applicable

Zip
34698

Country
USA

Zip
34690

Country
USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CAPPIELLO, GERARD MD
2457 GULF BREEZE CIRCLE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres. GERARD CAPPIELLO MD
1965 LYNNWOOD CT
DUNEDIN FL 34698

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

1/13/03

Date

Daytime Phone #

CR2E034 (10/02)

Attachment JC # 0200012333 -

- 1 ☐ Individual income tax returns (Forms 1040, 1040-EZ, etc.)
▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐ **55009664**
- 2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name		▶ Social security number	
3a Your name (first name, initial, and last name)		3b Your social security number	
4a Spouse's 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.	Apt. no.
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.	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.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects:

- 8 ☒ 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 ☒ Business location

11a Business name	11b Employer identification number
The Female Care Center, P.A.	27 0036989
12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions. 2457 Gulf Breeze Circle, Palm Harbor, Pinellas County, Florida 34683	Room or suite no.
13 New 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, Holiday, Pasco County, Florida 34690	Room or suite no.
14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions. 4931 Mile Stretch Drive, Holiday, Pasco County, Florida 34690	Room or suite no.

Part III Signature

Daytime telephone number of person to contact (optional) ▶ (727) 415-0598

Sign Here

Your signature

Date

If Part II completed, signature of owner, officer, or representative Date

If joint return, spouse's signature

Date

Title

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 12081V

Form 8822 (Rev. 12-2002)