


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90028 023 ***150.00

DOCUMENT # P04000087670 1. Entity Name TOTAL WOMEN'S HEALTHCARE OF PLANTATION, P.A.					
Principal Place of Business 333 NORTHWEST 70TH AVENUE SUITE 120 PLANTATION, FL 33317 US			Mailing Address 333 NORTHWEST 70TH AVENUE SUITE 120 PLANTATION, FL 33317 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RALPH, JONATHAN D M.D. 333 NORTHWEST 70TH AVENUE SUITE 120 PLANTATION, FL 33317				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RALPH, JONATHAN D M.D.	NAME			
STREET ADDRESS	333 NORTHWEST 70TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33317	CITY-ST-ZIP Plantation, FL 33317			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: _____		Date 7/27/05 <small>Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50058978



07152005 Chg-P CR2E034 (10/03)

4. FEI Number **061726894** Applied For
Not Applicable

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



ATTACHMENT

50058978

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 15, 2005

TOTAL WOMEN'S HEALTHCARE OF PLANTATION, P.A.
333 NORTHWEST 70TH AVENUE
SUITE 120
PLANTATION, FL 33317 US

SUBJECT: TOTAL WOMEN'S HEALTHCARE OF PLANTATION, P.A.
Ref. Number: P04000087670

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 405A00046781

A large, stylized handwritten signature in black ink, appearing to read "Sean Toner".

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

ATTACHMENT

Officer/Director Name And Address

50058978
#P0400087670

Title _____ P/D _____
Name (Last, First, Middle, Title) RALPH JONATHAN D M.D.
-or- Entity Name _____
Street Address 333 NORTHWEST 70TH AVENUE
City, State ~~MIAMI~~ Plantation FL
Zip Code & Country 33317 US

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____

-or- Entity Name

Street Address

City, State

Zip Code & Country

ATTACHMENT

#04000087670

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

President

Officer/Director Signature

 7/1/05

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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Division of Corporations ATTACHMENT

Annual Report

50058978

Annual Report Help

Document Number

P04000087670

Business Entity Name

TOTAL WOMEN'S HEALTHCARE OF PLANTATION, P.A.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 333 NORTHWEST 70TH AVENUE
Suite, Apt. #, etc. SUITE 120
City, State PLANTATION, FL
Zip Code & Country 33317 US

Mailing Address

Address 333 NORTHWEST 70TH AVENUE
Suite, Apt. #, etc. SUITE 120
City, State PLANTATION, FL
Zip Code & Country 33317 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) RALPH, JONATHAN, D, M.D.
-or- RA Business Name
Address (PO Box is not acceptable) 333 NORTHWEST 70TH AVENUE
Suite, Apt. #, etc. SUITE 120
City, State PLANTATION, FL
Zip Code & Country 33317 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

7/1/05