

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000010782 (9)

1. Corporation Name

GULFCOAST WOMEN'S CARE, P.A.



Principal Place of Business

401 CORBETT ST.
SUITE 400
CLEARWATER FL 34616

Mailing Address

401 CORBETT ST.
SUITE 400
CLEARWATER FL 34616

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

YOUNG, SHELLEY A
401 CORBETT ST.
SUITE 400
CLEARWATER FL 34616

3. Date Incorporated or Qualified

02/12/1993

3a. Date of Last Report

02/17/1995

4. FEI Number

65-0403897

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person who is authorized to sign for the corporation

Signature of Registered Agent (signature required when registering)

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	☐ DELETE
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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29. TITLE NAME STREET ADDRESS CITY, ST, ZIP	
30. TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change	☐ Addition
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP		
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP		
9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP		
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP		
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP		
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP		
25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY, ST, ZIP		
29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY, ST, ZIP		
33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY, ST, ZIP		
37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY, ST, ZIP		
41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP		
45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY, ST, ZIP		
49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY, ST, ZIP		
53. TITLE 54. NAME 55. STREET ADDRESS 56. CITY, ST, ZIP		
57. TITLE 58. NAME 59. STREET ADDRESS 60. CITY, ST, ZIP		
61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY, ST, ZIP		
65. TITLE 66. NAME 67. STREET ADDRESS 68. CITY, ST, ZIP		
69. TITLE 70. NAME 71. STREET ADDRESS 72. CITY, ST, ZIP		
73. TITLE 74. NAME 75. STREET ADDRESS 76. CITY, ST, ZIP		
77. TITLE 78. NAME 79. STREET ADDRESS 80. CITY, ST, ZIP		
81. TITLE 82. NAME 83. STREET ADDRESS 84. CITY, ST, ZIP		
85. TITLE 86. NAME 87. STREET ADDRESS 88. CITY, ST, ZIP		
89. TITLE 90. NAME 91. STREET ADDRESS 92. CITY, ST, ZIP		
93. TITLE 94. NAME 95. STREET ADDRESS 96. CITY, ST, ZIP		
97. TITLE 98. NAME 99. STREET ADDRESS 100. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shelley A. Young
SHELLEY A. YOUNG MD

(813) 462-2229

CR2E034 (12/95)