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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 34616-7312

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/12/1993

3a. Date of Last Report

02/14/1996

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

9. Name and Address of Current Registered Agent

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

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 607.1508, 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 filing this report (if not the registered agent, then the officer or director)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

12.1

NAME

12.2

STREET ADDRESS

12.3

CITY-ST-ZIP

12.4

NAME

12.5

STREET ADDRESS

12.6

CITY-ST-ZIP

12.7

NAME

12.8

STREET ADDRESS

12.9

CITY-ST-ZIP

12.10

NAME

12.11

STREET ADDRESS

12.12

CITY-ST-ZIP

12.13

NAME

12.14

STREET ADDRESS

12.15

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

TITLE

13.2

NAME

13.3

STREET ADDRESS

13.4

CITY-ST-ZIP

13.5

TITLE

13.6

NAME

13.7

STREET ADDRESS

13.8

CITY-ST-ZIP

13.9

TITLE

13.10

NAME

13.11

STREET ADDRESS

13.12

CITY-ST-ZIP

13.13

TITLE

13.14

NAME

13.15

STREET ADDRESS

13.16

CITY-ST-ZIP

14. I do 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 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-97 (813) 462-2229

Date

Daytime Phone #

CR2E034 (9/96)