2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010782

1. Entity Name

GULFCOAST WOMEN'S CARE, P.A.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91429 016 ***150.00

						COO WE TH					
Principal Place of Business 401 CORBETT ST. SUITE 400 CLEARWATER FL 33756			401 C Suite Cleaf	Mailing Address 401 CORBETT ST. SUITE 400 CLEARWATER FL 33756							
US 2. Principal Place of Business				US 3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4.	4. FEI Number 65-0403897			oplied For
Zip	Zip Country			Zip Cour			5. Certificate of Status Desire			\$8.75 Add Fee Require	ditional
6. Name and Address of Current F				legistered Agent			7. Name and Address of New Registered Agent				
		Name									
YOUNG, SHELLEY A				Street Address			TODO (FLO	(P.O. Box Number is Not Acceptable)			
401 CORBETT ST.				Street Address			ress (P.O.	Box Number is Not Acceptable))		
SUITE 400											
CLEARWATER FL 33756						City	ty F			Zip Code	
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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											
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			of State	State				9. Election Campaign Fir Trust Fund Contribution	~ ~		00 May Be d to Fees
10. OFFICERS AND									ICERS AND	DIRECTOR	S IN 11
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	ertify that the	information supplied with	h this filina	does not qualify for			in Section	n 119.07(3)(i), Florida Statutes.	I further cert	ify that the 1	nformation
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12. Thereby 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

5/1/03 (227)462-2224