

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000044770

1. Entity Name

SOUTHEAST WOMEN'S HEALTHCARE, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90001 005 ***150.00

Principal Place of Business

Mailing Address

9900 WEST SAMPLE RD
STE 403
CORAL SPRINGS FL 33065
US

9900 WEST SAMPLE RD
STE 403
CORAL SPRINGS FL 33065-4037
US

2. Principal Place of Business

3. Mailing Address

9600 WEST SAMPLE ROAD

9600 WEST SAMPLE ROAD

Suite, Apt. #, etc.

STE 504

City & State

CORAL SPRINGS, FLORIDA

Zip

33065

Country

US

City & State

CORAL SPRINGS, FLORIDA

Zip

33065

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0425381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAEMER, ELIHU M
9900 WEST SAMPLE RD
STE 403
CORAL SPRINGS FL 33065

Name

WILLIAM H. LEINBACH

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

9600 WEST SAMPLE ROAD

#504

City

CORAL SPRINGS

FL

Zip Code

33065

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.

SIGNATURE

[Signature]

WILLIAM H. LEINBACH
PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRAEMER, ELIHU M	
STREET ADDRESS	9900 WEST SAMPLE RD #403	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KRAEMER, ERIK J.	
STREET ADDRESS	9900 W. SAMPLE RD. #403	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEINBACH, WILLIAM	
STREET ADDRESS	9900 WEST SAMPLE RD #403	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAEMER, ELIHU M	
STREET ADDRESS	9600 WEST SAMPLE ROAD #504	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAEMER, ERIK J.	
STREET ADDRESS	9600 WEST SAMPLE ROAD #504	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEINBACH, WILLIAM	
STREET ADDRESS	9600 WEST SAMPLE ROAD #504	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

WILLIAM H. LEINBACH 3/23/00 954344-9982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)