2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 02, 2005 08:00 AN DOCUMENT # P93000061460 **Secretary of State** 1. Entity Name THE SOUTHEASTERN REGIONAL CENTER FOR WOMEN, P.A. Principal Place of Business Mailing Address 3326 LAUREL DR 3326 LAUREL DR **GULF BREEZE FL 32561 GULF BREEZE FL 32561** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3199917 Not Applicab: Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SARASUA, MARTHA M M.D. Street Address (P.O. Box Number is Not Acceptable) 3326 LAUREL DR **GULF BREEZE FL. 32561** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 2 After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition ☐ Delete 71715 Change NAME SARASUA, MARTHA M M.D. NAME STREET ADDRESS 3326 LAUREL DR STREET ADDRESS CITY-ST-ZIP **GULF BREEZE FL** 017-ST-7P HILE ☐ Delete ш ☐ Change Arkiiin NAME MARKE 05/02/05-80118-015 150.00 STREET ADDRESS STREET ADDRESS CILY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete ☐ Change Addition. (ID) NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-DP CHTY-ST-719 IIILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY SI- MP TITLE Delete ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-SI-78 IITLE ☐ Delete HILE Change Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-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 trystee 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED