

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90036 034 ***150.00

DOCUMENT # P93000082079

1. Entity Name

FAMILY BIRTHPLACE & WOMEN'S CENTER, INC.

DO NOT WRITE IN THIS SPACE

80058317

2. Principal Place of Business
7235 Proctor Road

Suite, Apt. #, etc.

3. Mailing Address
7235 Proctor Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
059-3212973

Applied For
☐ Not Applicable

Zip 34241

Country SARASOTA

Zip 34241

Country SARASOTA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CHERYL ROSS HOLLIFIELD

Street Address (P.O. Box Number is Not Acceptable)
7235 PROCTOR ROAD

City SARASOTA **FL** **Zip Code** 34241

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 *Cheryl Ross Hollifield*

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

(NOTE: Registered Agent signature required when remaining.)

3-25-02

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE P/V/S/T/D
NAME CHERYL ROSS HOLLIFIELD, CNM
STREET ADDRESS 7235 PROCTOR ROAD SARASOTA, FL 34241
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Cheryl Ross Hollifield, CNM*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02 927-2229
Date Daytime Phone #

CR2E034B (12/01)