

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000009360**1. Entity Name
DEDICATED TO WOMEN, P.A.

Principal Place of Business 1925 MIZELL AVE #205 WINTER PARK FL 32792	Mailing Address 1925 MIZELL AVE #205 WINTER PARK FL 32792
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3223805

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MICKLAVZINA CONNIE MD**
255 N LAKEMONT AVE 212**WINTER PARK FL**
32792 US**7. Name and Address of New Registered Agent**

Name

MICKLAVZINA CONNIE MD

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

1925 MIZELL AVE.

#205

City

WINTER PARK**FL**Zip Code
32792

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 **CONNIE MICKLAVZINA, MD****09/10/2001**

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, 2001 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**

TITLE	PST	☐ Delete
NAME	MICKLAVZINA CONNIE MD	
STREET ADDRESS	1925 MIZELL AVE STE 205	
CITY-ST-ZIP	WINTER PARK FL 32792	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		☐ Change ☐ 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: Connie Micklavzina, MD

PST

09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)