

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072932

1. Entity Name

CENTRAL FLORIDA OB-GYN, P.A.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90402 047 ***150.00

Principal Place of Business

3000 NORTH ORANGE AVENUE
SUITE D
ORLANDO FL 32804

Mailing Address

3000 NORTH ORANGE AVENUE
SUITE D
ORLANDO FL 32804

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3337701**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN WERT, JOHN W M.D.
3000 NORTH ORANGE AVENUE
SUITE D
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

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

City

FL

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

SIGNATURE

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

(NOTE: Registered Agent Signature required when re-registering)

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 ☐ Delete

D
VAN WERT, JOHN W MD
3000 NORTH ORANGE AVENUE, SUITE D
ORLANDO FL 32804

TITLE ☐ Delete

D
CROFOOT, KYLE M MD
3000 NORTH ORANGE AVENUE, SUITE D
ORLANDO FL 32804

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN "11"

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 "1" or Block "2" 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

Date

Daytime Phone No.

John W. van Wert MD **J. van Wert** **4.23.01** **407-895-9924**

CR2E034 (10/00)