## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 23, 2001 08:00 AM DOCUMENT # **P95000091256** Entity Name **Secretary of State** BROWARD WOMEN'S HEALTHCARE, INC. Principal Place of Business Mailing Address 4651 SHERIDAN STREET, SUITE 400 4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL HOLLYWOOD FL 33021 33021 2. Principal Place of Business 3. Mailing Address 1613 NORTH HARRISON PARKWAY, SUITE 200 1613 NORTH HARRISON PARKWAY, SUITE 200 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For SUNRISE FL SUNRISE 65-0624897 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33323 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTUS JAY MARTUS 4651 SHERIDAN STREET, SUITE 400 Street Address (P.O. Box Number is Not Acceptable) 1613 NORTH HARRISON PARKWAY, SUITE 200 HOLLYWOOD FL33021 US City Zip Code SUNRISE 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 02/23/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CFOD TITLE CR2E034 (11/00) ☐ Delete TITLE CFOD XI Change ☐ Addition ROBERT MAME COWARD NAME COWARD ROBERT 4651 SHERIDAN ST., STE 400 1613 NORTH HARRISON PARKWAY, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP SUNRISE 33323 VPS ☐ Delete TITLE VPS X Change NAME MARTUS JAY NAME MARTUS JAY STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400 STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200 CITY-ST-ZIP HOLLYWOOD FL 33021 SUNRISE CITY-ST-ZIP 33323 EVPD Delete TITLE EVPD X Change ☐ Addition GOLD LEWIS NAME NAME GOLD LEWIS STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400 STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200 CITY-ST-ZIP HOLLYWOOD 33021 FLCITY-ST-ZIP SUNRISE 33323 TITLE ☐ Delete TITLE PD **X** Change ☐ Addition EISENBERG MITCHELL NAME EISENBERG MITCHELL STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400 STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200 CITY-ST-ZIP HOLLYWOOD 33021 CITY-ST-ZIP SUNRISE 33323 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

02/23/2001

Date

Daytime Phone #

Jay A. Martus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_