2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2001 08:00 AM
Secretary of State

DOCUMENT # **P95000091256**

1. Entity Name
BROWARD WOMEN'S HEALTHCARE, INC.

Principal Place of Business	Mailing Address
4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021	4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

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.
City & State: SUNRISE FL	City & State: SUNRISE FL
Zip: 33323 Country:	Zip: 33323 Country:

4. FEI Number: 65-0624897 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTUS JAY A 4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021 US	Name: MARTUS JAY A Street Address (P.O. Box Number is Not Acceptable): 1613 NORTH HARRISON PARKWAY, SUITE 200 City: SUNRISE FL Zip Code: 33323

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) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOD COWARD ROBERT 4651 SHERIDAN ST., STE 400 HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOD COWARD ROBERT 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS MARTUS JAY A 4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS MARTUS JAY A 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD GOLD LEWIS 4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD GOLD LEWIS 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EISENBERG MITCHELL 4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EISENBERG MITCHELL 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Jay A. Martus VP 02/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #