

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2000 8:00 an
Secretary of State**

02-07-2000 90081 026 ***150.00

DOCUMENT # P95000091862

1. Entity Name

WOMEN'S CENTER FOR HEALTH OF PASCO, P.A.

Principal Place of Business

Mailing Address

6719 GALL BLVD.
#208
ZEPHYRHILLS FL 33541
US6719 GALL BLVD.
#208
ZEPHYRHILLS FL 33541-2569
US

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 **59-3348479**Applied
Not5. 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

**MADANI, BEHROUZ M.D.
6719 GALL BLVD #208
ZEPHYRHILLS FL 33541**

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 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00**
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
**MADANI, BEHROUZ M.D.
6719 GALL BLVD #208
ZEPHYRHILLS FL**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete
**FERLITA, JOHN A M.D.
6719 GALL BLVD #208
ZEPHYRHILLS FL**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐TITLE
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CITY-ST-ZIP
☐ Change ☐TITLE
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CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

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, 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

02-01-00

Date

813-782-7318

Daytime Phone #