

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90109 044 ***150.00

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DOCUMENT # P96000040034

1. Entity Name
REPRODUCTIVE HEALTH ASSOCIATES, P.A.



Principal Place of Business
**2325 ULMERTON RD
STE 1
CLEARWATER FL 33762
US**

Mailing Address
**2325 ULMERTON RD
STE 1
CLEARWATER FL 33762
US**



2. Principal Place of Business

2695 ULMERTON RD

3. Mailing Address

2695 ULMERTON RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER FL

City & State
CLEARWATER FL

4. FEI Number **59-3376908**

Applied For
Not Applicable

Zip Country
33762 PINELLAS

Zip Country
33762 PINELLAS

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

**GASSMAN, ALAN S
1245 COURT ST, SUITE 102
CLEARWATER FL 34616**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **COWART, CATHERINE**
STREET ADDRESS **2325 ULMERTON RD, STE 1**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **PID** ☒ Change ☐ Addition
NAME **COWART, CATHERINE**
STREET ADDRESS **2695 ULMERTON RD**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CATHERINE COWART, MD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03 **(813) 872-0018**
Date Daytime Phone #

CR2E034 (10/02)