

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90175 046 ***150.00

DOCUMENT # P96000081146

1. Entity Name
WILLIAM M. HARDMAN, M.D., P.A.



Principal Place of Business
**C/O WOMEN'S WELLNESS CENTER
451 S 11TH ST
LAKE WALES FL 33853**

Mailing Address
**C/O WOMEN'S WELLNESS CENTER
451 S 11TH ST
LAKE WALES FL 33853**



2. Principal Place of Business
Hardman Gynecology Center
Suite, Apt. #, etc.

3. Mailing Address
451 S 11th St
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Lake Wales FL

City & State

4. FEI Number **59-3409211**

Applied For
Not Applicable

Zip
33853

Country
USA

Zip

Country

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

**HARDMAN, WILLIAM M M.D.
C/O WOMEN'S WELLNESS CENTER
451 S 11TH ST
LAKE WALES FL 33853**

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 *William M. Hardman*
Signature; typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/03

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 NAME STREET ADDRESS CITY-ST-ZIP	D HARDMAN, WILLIAM M M.D. 451 S 11TH ST LAKE WALES FL 33853	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

William M. Hardman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03 863-676-6087

Date

Daytime Phone #

CR2E034 (10/02)