

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90199 025 ***150.00

DOCUMENT # P97000038840

1. Entity Name

INSTITUTE FOR WOMEN'S HEALTH & BODY, INC.

Principal Place of Business

560 VILLAGE BLVD.
SUITE 315
WEST PALM BEACH FL 33409

Mailing Address

560 VILLAGE BLVD.
SUITE 315
WEST PALM BEACH FL 33409

2. Principal Place of Business

10115 FOREST HILL BLVD

3. Mailing Address

10115 FOREST HILL BLVD

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

SUITE 400

City & State

Wellington FL

City & State

Wellington FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. FEI Number

65-0762276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

AQUA, KEITH A M.D.
560 VILLAGE BLVD.
SUITE 315
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name SETH J HERBST MD

Street Address (P.O. Box Number is Not Acceptable)

10115 FOREST HILL BLVD

SUITE 400

City

Wellington

FL

Zip Code

33414

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 SETH J HERBST PRES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HERBST, SETH J M.D.	560 VILLAGE BLVD., STE. 315	WEST PALM BEACH FL 33409	<input type="checkbox"/>
VP	AQUA, KEITH A M.D.	560 VILLAGE BLVD., STE. 315	WEST PALM BEACH FL 33409	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		10115 FOREST HILL BLVD #400	Wellington FL 33414	<input type="checkbox"/>
		10115 FOREST HILL BLVD #400	Wellington FL 33414	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: SETH J HERBST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01

561-798-1233

Date

Daytime Phone #

CR2E034 (10/00)