

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90074 007 ***150.00

DOCUMENT # P97000071083

1. Entity Name
NAPLES WOMEN'S CENTER, P.A.

Principal Place of Business
840 111TH AVENUE NORTH
NAPLES FL 34108

Mailing Address
840 111TH AVENUE NORTH
NAPLES FL 34108

2. Principal Place of Business
1726 Medical Blvd.
 Suite, Apt. #, etc.
101

3. Mailing Address
1726 Medical Blvd.
 Suite, Apt. #, etc.
101

City & State
Naples FL
 Zip
34110 Country
USA

City & State
Naples, FL
 Zip
34110 Country
USA

4. FEI Number **59-3479527**

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

DENT, MICHAEL T
~~**840 111TH AVENUE NORTH**~~
~~**NAPLES FL 34108**~~

Name
Street Address (P.O. Box Number is Not Acceptable)
1726 Medical Blvd. #101
City **Naples** **FL** **Zip Code** **34110**

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 *Michael T. Dent*
 Signature of head of printed name of registered agent and if not applicable (Not for Registered Agent signature required when reinstating)
Michael T. Dent, C.F.O.

DATE **4/23/02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DENT, MICHAEL T**
STREET ADDRESS **840 111TH AVENUE NORTH**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1726 Medical Blvd. #101**
CITY-ST-ZIP **Naples, FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Michael T. Dent*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/23/02** **239-513-1992**
Daytime Phone #

CR2E034 (9/01)