


2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 03 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000003280	
1. Entity Name BAPTIST WOMEN'S HEALTHCARE, INC.	

DO NOT WRITE IN THIS SPACE

400020561964
06/06/03--01010--009 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8950 N. KENDALL DR.		3. Mailing Address 8950 N. KENDALL DR.		4. FEI Number 65-0804447	Applied For Not Applicable
Suite, Apt. #, etc. #302		Suite, Apt. #, etc. #302			
City & State MIAMI, FL		City & State MIAMI, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33176	Country USA	Zip 33176	Country USA		

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MONZON, ANTONIO

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

8950 N. KENDALL DR., #302

City MIAMI

FL

Zip Code
33176

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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relinquishing)

DATE

5-29-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MONZON, ANTONIO 8950 N. KENDALL DR., #302 MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-595-4070

CR2E034B (12/02)

7/6/3

Attachment



**OCARIZ, GITLIN
& ZOMERFELD, LLP**
CERTIFIED PUBLIC ACCOUNTANTS

March 12, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Baptist Women's Healthcare, Inc.
EIN# 65-0804447
Document #P98000003280

The above taxpayers were checking their corporate status online and found to their surprise that they were administratively dissolved for having not filed the 2002 annual report. They checked their records and found that they had filed their 2002 annual report in a timely manner, on April 17, 2002. Apparently, the check was either lost or misplaced by your department.

At this time the taxpayer is resending a copy of the 2002 annual report along with a newly reissued check in the amount of \$ 150.00 covering the filing fees.

We hope that with this letter the matter can be solved. If you have any questions please do not hesitate to contact us.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP

Hiram Ocariz/C.P.A.
For the firm

999 Ponce de Leon Blvd.
Suite 1045
Coral Gables, FL 33134
Tel 305.444.8288
Fax 305.444.8280
www.ogz-cpa.com

HO/an

Encl.

Members of:

American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants
National Association of
Certified Valuation Analysts

**PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER BY
RETURNING A COPY IN THE ENCLOSED SELF-ADDRESSED
ENVELOPE.**