

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90137 005 ***150.00

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AV

DOCUMENT # P98000043530

1. Entity Name

MINDFUL CARE FOR WOMEN, P.A.

[Handwritten Signature]



Principal Place of Business

**1200 S FEDERAL HWY
#207
BOYNTON BEACH FL 33435
US**

Mailing Address

**1200 S FEDERAL HWY
#207
BOYNTON BEACH FL 33435
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0839794**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEIGERBAUM, DAVID
1700 W WOOLBRUTT ROAD
#6
BOYNTON BEACH FL 33426**

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 \$550.00
***After September 10, 2003 Fee will be \$750.00**
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GAMIG, PAUL H MD 800 NORTH OCEAN BOULEVARD DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: *[Handwritten Signature]* **SIGNATURE REQUIRED: H. GAMIG** **7-14-03** **(81) 733-3392**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

Mindful
Care for
Women, PA



10110291

Paul H Gamig, MD, FACOG
Obstetrics - Gynecology
1200 South Federal Highway, Suite 207
(Colonial Center)
BOYNTON BEACH, FL 33435

Monday, July 14, 2003

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

Re.: FEI Number 65-0839794

Document number P98000043530

Request for waiver of late fee

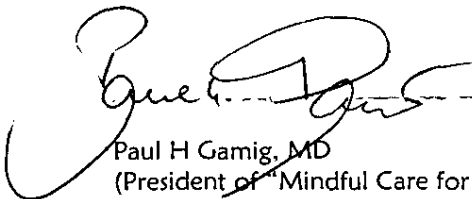
Sir:

Please find enclosed the 2003 UBR and a check for \$ 150.00.

We are asking that you wave the late fee, since neither myself, nor my agent, have received any prior form/request concerning this matter.

Your consideration is politely requested.

Yours truly,



Paul H Gamig, MD
(President of "Mindful Care for Women, PA")

