

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90057 015 ***150.00

DOCUMENT # P98000069098
1. Entity Name
Women's Center of Hyde Park, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
502 South Magnolia Ave.
Suite, Apt. #, etc.

3. Mailing Address
609 Virginia Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL

City & State
Orlando, FL

Zip 33606 Country

Zip 32803 Country

4. FEI Number 59-3528808

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

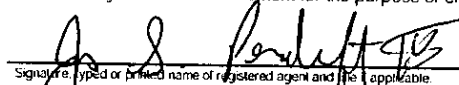
7. Name and Address of Current Registered Agent

Name James S. Pendergraft IV, MD

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

City Orlando FL Zip Code 32803

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  DATE 25 Apr 02

Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P James S. Pendergraft IV, MD 609 Virginia Drive Orlando, FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 25 Apr 02 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)