

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027132

1. Entity Name
WOMEN'S BREAST CARE CENTER, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90030 010 ***150.00

Principal Place of Business

1630 S CONGRESS AVENUE
PALM SPRINGS FL 33461

Mailing Address

1630 S CONGRESS AVENUE
PALM SPRINGS FL 33461

2. Principal Place of Business

1630 S. Congress Av.

Suite, Apt. #, etc.

Suite 202

City & State

West Palm Beach, FL

Zip

33461

Country

1

3. Mailing Address

All other same

Suite, Apt. #, etc.

Suite 202

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0909841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

LACLAUSTRA, YVETTE MD
1630 S CONGRESS AVENUE
PALM SPRINGS FL 33461

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D
NAME LACLAUSTRA, YVETTE MD
STREET ADDRESS 1630 S CONGRESS AVENUE
CITY-ST-ZIP PALM SPRINGS FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

Yvette LaClustra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Yvette LaClustra
President

Date

Daytime Phone #

561-965-1100

CR2E034 (10/00)