2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900034685

Country

6. Name and Address of Current Registered Agent

Zip

SIGNATURE

11.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIE

AUDAIN, FED

2505 HEALY DR. ORLANDO FL 32818

8. The above named entity submits

(See criteria on back)

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

AUDAIN, FED

2505 HEALY DR.

ORLANDO FL 32818

PERROTT, WENDY

ORLANDO FL 32818

2505 HEALY DR.

HEALTHY CHOICE ODSTETRICS AND GYNECOLOGY P.A.

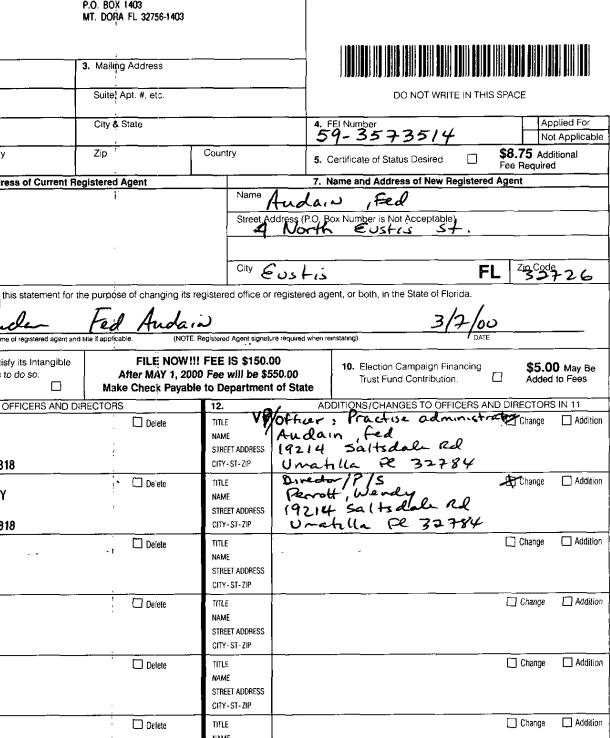
Principal Place of Business Mailing Address P.O. BOX 1403 4 NORTH EUSTIS STREET EUSTIS FL 32726 MT. DORA FL 32756-1403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite! Apt. #, etc. City & State City & State

e of registered agent and title if applicable

OFFICERS AND DIRECTORS

Mar 14, 2000 8:00 am **Secretary of State**

03-14-2000 90073 049 ***150.00



13. Thereby 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 address, with all other like empowered.

CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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CITY-ST-ZIP

SIGNATURE: