

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034685

1. Entity Name

HEALTHY CHOICE ODSTETRICS AND GYNECOLOGY P.A.

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

03-14-2000 90073 049 \*\*\*150.00

Principal Place of Business

Mailing Address

4 NORTH EUSTIS STREET  
EUSTIS FL 32726

P.O. BOX 1403  
MT. DORA FL 32756-1403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3573514

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AUDAIN, FED  
2505 HEALY DR.  
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name Audain, Fed  
Street Address (P.O. Box Number is Not Acceptable)  
4 North Eustis St.  
City Eustis FL Zip Code 32726

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, 2000 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 ☐ Delete  
NAME AUDAIN, FED  
STREET ADDRESS 2505 HEALY DR.  
CITY-ST-ZIP ORLANDO FL 32818

TITLE D ☐ Delete  
NAME PERROTT, WENDY  
STREET ADDRESS 2505 HEALY DR.  
CITY-ST-ZIP ORLANDO FL 32818

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP/Officer: Practice administrator ☒ Change ☐ Addition  
NAME Audain, Fed  
STREET ADDRESS 19214 Saltsdale Rd  
CITY-ST-ZIP Umatilla FL 32784

TITLE Director/P/S ☒ Change ☐ Addition  
NAME Perrott, Wendy  
STREET ADDRESS 19214 Saltsdale Rd  
CITY-ST-ZIP Umatilla FL 32784

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

Date

352 4833730

Daytime Phone #

CR2E034 (9/99)