

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000043448**

1. Entity Name **BOCA WOMEN'S CARE WELLNESS INC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 30 AM 9:30

Principal Place of Business
**9960 CENTRAL PARK BLVD N.
SUITE 404
BOCA RATON FLORIDA 33428**

Mailing Address
**9960 CENTRAL PARK BLVD N.
SUITE 404
BOCA RATON FLORIDA 33428**

2. Principal Place of Business
**9960 CENTRAL PARK BLVD
Suite, Apt. #, etc.
404**

3. Mailing Address
**9960 CENTRAL PARK BLVD N
Suite, Apt. #, etc.
404**

City & State
BOCA RATON FLA

City & State
BOCA RATON FLA

Zip
33428

Country
PALM BEACH

Zip
33428

Country
PALM BEACH

4. FEI Number
65-0933189

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**KENNETH A. KONSKE M.D.
9960 CENTRAL PARK BLVD N.
BOCA RATON FLORIDA 33428**

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 _____ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KENNETH A. KONSKE M.D. 9960 CENTRAL PARK BLVD N SUITE 404 BOCA RATON FLORIDA 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003962036-8 -04/06/01-01027-007 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** Date **3/19/01** Daytime Phone # **(214) 488-1801**

CR2E034 (1/1/00)