


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000047086		
1. Entity Name WOMEN'S HEALTH ASSOCIATES, P.A.		
Principal Place of Business 1648 S.E. 3RD AVE. OCALA, FL 34471	Mailing Address 1648 S.E. 3RD AVE. OCALA, FL 34471	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DOWNEY, KEVIN I 2831 N.W. 41ST ST., SUITE B GAINESVILLE, FL 32606		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POORTI, RILEY 1648 SE 3RD AVE OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KARVE, PRITI 1648 SE 3RD AVENUE OCALA, FL 34471	
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12. 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 10 or Block 11.		
SIGNATURE: <u>Poorti Riley</u> <u>Poorti Riley</u> <u>1/8/04</u> <u>352-369-5999</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3576480

Applied For
Not Applicable

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

000000006393
01/16/04-80033-008 150.00

DO NOT WRITE
IN THIS SPACE