2002 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2002 8:00 am **DOCUMENT #** P99000073020 **Secretary of State** 1. Entity Name 02-12-2002 90096 007 ***150 00 LADIES FIRST HEALTHCARE, P.A. Principal Place of Business Mailing Address 2401 UNIVERSITY PARKWAY 2401 UNIVERSITY PARKWAY SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0943603 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired _____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAMERY, GREGORY A Street Address (P.O. Box Number is Not Acceptable) 2401 UNIVERSITY PARKWAY SARASOTA FL 34243 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMO DAMERY, GREGORY MD NAME STREET ADDRESS 2401 UNIVERSITY PKWY STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-7IE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE. ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment wit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-2002 94/360-090

CR2E034 (9/01)