

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90028 019 ***150.00

DOCUMENT # P99000073020

1. Entity Name
LADIES FIRST HEALTHCARE, P.A.



Principal Place of Business

~~2401 UNIVERSITY PARKWAY~~
SARASOTA FL 34243

Mailing Address

~~2401 UNIVERSITY PARKWAY~~
SARASOTA FL 34243

Change of address

2. Principal Place of Business

8451 Shade Ave.
Suite, Apt. #, etc.
109

3. Mailing Address

8451 Shade Ave
Suite, Apt. #, etc.
109

City & State

Sarasota

City & State

Sarasota

Zip

FL

Country

Manatee

Zip

FL

Country

Manatee

4. FEI Number

65-0943603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DAMERY, GREGORY A

~~2401 UNIVERSITY PARKWAY~~ 8451 Shade Ave
SARASOTA FL 34243 Suite 109
Sarasota FL 34243

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. I am familiar with, and accept the obligations of registered agent.

Change of address

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DAMERY, GREGORY MD
STREET ADDRESS ~~2401 UNIVERSITY PKWAY~~ 8451 Shade Ave
CITY-ST-ZIP SARASOTA FL 34243 Suite 109

TITLE MD
NAME Damery Greg.
STREET ADDRESS 8451 Shade Ave Suite 109
CITY-ST-ZIP Sarasota, FL 34243

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gregory Damery MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory Damery MD, 1-6-2002 941-360-0960

Date

Daytime Phone #

CR2E034 (10/02)