2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91052 033 ***150.00

DOCUMENT # P99000085829

1. Entity Name

SOUTH SANTA ROSA WOMEN'S CENTER, P.A.

Principal Place of Business	Mailing Address
8467 NAVARRE PARKWAY NAVARRE FL 32566	8467 NAVARRE PARKWAY NAVARRE FL 32566

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
1931 Ortega St	1931 Ortega St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Navarre FL	City & State: Navarre FL
Zip: 32566 Country: Santa Rosa	Zip: 32566 Country: Santa Rosa

4. FEI Number 59-3600268 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARBER, MICHAEL W M.D. 8467 NAVARRE PARKWAY NAVARRE FL 32566	Name: Barber, Michael W. MD Street Address (P.O. Box Number is Not Acceptable): 1931 Ortega St. Navarre FL City FL Zip Code 32566

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 MW Barber 4/29/04
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, 2004 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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARBER, MICHAEL W M.D.		NAME	
STREET ADDRESS	6838 MARLIN STREET		STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL 32566-8415		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARBER, HEATHER L		NAME	
STREET ADDRESS	6838 MARLIN ST		STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL 32566		CITY-ST-ZIP	
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	
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	

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: MW Barber MD 4-29-04 850-936-1316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #