## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P99000085829

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



**FILED** Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90061 004 \*\*\*150.00

| Principal Place of Business<br>8467 NAVARRE PARKWAY<br>NAVARRE FL 32566 |  | Mailing Address<br>8467 NAVARRE PARKWAY<br>NAVARRE FL 32566 |                     |                      |                      | 100 H 0 1 H 0 H 14 H 14 H 1 B 1 H 1 | ka <b>ab</b> ii <b>bbib</b> e i                     | <b>8181 1118</b> 1 1811 | <b>.</b> 11 <b>818</b> 1 <b>5</b> 11 1 <b>03</b> 1 |                         |               |  |
|---|--|---|---------------------|----------------------|----------------------|---|---|-------------------------|--|-------------------------|---------------|--|
| 2. Principal Place of Business  |  | 3. Mailing Address  |                     |                      |                      |   |   |                         |  |                         |               |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |                     |                      |                      | _   | ☐ CHECK HERE IF MAKING CHANGES                      |                         |  |                         |               |  |
| City & State  |  | City  | City & State        |                      |                      |   | A SSI Number  |                         |  |                         |               |  |
|   |  | ·   |                     |                      | <del> </del>         |   | 4. FEI Number 59-3600268                            |                         |  | Not Applicable          |               |  |
| Zip Country   |  | Zip   |                     |                      | ontry 5.             |   | Certificate of Status Desired                       |                         | <b>\$8.75</b> Ac<br>Fee Requir                     |                         |               |  |
|   | 6. Name and Address of Current   | Registere   | ed Agent            |                      | Name                 | 7.  | Name and Address of New F                           | legistered A            | Agent  |                         | ]_            |  |
| BARBER, MICHAEL W M.D.  |  |   |                     |                      |                      |   |   |                         |  |                         |               |  |
|   | ARRE PARKWAY   |   |                     |                      |                      | Street Address (P.O. Box Number is Not Acceptable)  |   |                         |  |                         |               |  |
| NAVARRE FL 32566  |  |   |                     |                      |                      |   |   |                         |  |                         |               |  |
|   |  |   |                     |                      | City                 |   |   | FL                      | Zip Co   | de                      | 1             |  |
|   | named entity submits this statement for ions of registered agent.                                      | or the purp   | ose of changing its | registere            | ed office or reg     | istered a   | gent, or both, in the State of Flo                  | orida. I am f           | amiliar with                                       | and accept              |               |  |
| SIGNATURE.  | Signature, typed or printed name of registered agent   | and title if app  | olicable. (NOTE     | E: Registere         | d Agent signature re | quired when   | reinstating)  | DATE                    |  |                         |               |  |
| After   | ILE NOW!!! FEE IS \$150.00<br>r May 1, 2003 Fee will be \$550.00<br>c Payable to Florida Department of | of State  |                     |                      |                      |   | 9. Election Campaign Fin<br>Trust Fund Contribution |                         | <b>\$5.</b> 0                                      | 00 May Be<br>ed to Fees |               |  |
| 10.   | OFFICERS AND   |   | <br>PRS             | 11.                  |                      | A   | DDITIONS/CHANGES TO OFF                             | ICERS AND               | DIRECTOR   | RS IN 11                | $\frac{1}{2}$ |  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                | D<br>BARBER, MICHAEL W M.D.<br>6838 MARLIN STREET<br>NAVARRE FL 32566-8415                             |   | ☐ Delete            | TITLE<br>NAM<br>STRE |                      |   |   |                         | Change   | ☐ Addition              | (40/00)       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                   | T<br>BARBER, HEATHER L<br>6838 MARLIN ST<br>NAVARRE FL 32566   |   | ☐ Delete            |                      |                      |   |   |                         | Change   | Addition                | 100           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                   | 7  | , · · <del></del>   | Delete .            |                      |                      | · · · · · · · · · · · · · · · · · · ·   | د آنگیسی دی دید کار کامی                            | -                       | ☐ Change   | Addition                |               |  |
| TITLE NAME STREET ADDRESS C!TY-ST-ZIP                                   |  |   | ☐ Delete            |                      |                      |   | •   |                         | ☐ Change   | Addition                |               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                   |  |   | ☐ Delete            |                      |                      |   |   |                         | ☐ Change   | Addition                | į             |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | ·  |   | ☐ Delete            |                      |                      |   |   |                         | ☐ Change   | Addition                |               |  |

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. Michael W. Barber

President

850-936-1316