

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 23, 2001 08:00 AM
Secretary of State

DOCUMENT # V05570

1. Entity Name
WOMAN TO WOMAN OBSTETRICS & GYNECOLOGY, INC.

Principal Place of Business
21110 BISCAYNE BLVD
SUITE 312
NORTH MIAMI BEACH FL 33180 US

Mailing Address
4651 SHERIDAN ST., STE. 400
HOLLYWOOD FL 33021 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1613 NORTH HARRISON PARKWAY, SUITE 200
Suite, Apt. #, etc.

City & State
SUNRISE FL

Zip Country
33323 US

4. FEI Number
65-0301761
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARTUS JAY A.
4651 SHERIDAN STREET
SUITE 400
HOLLYWOOD FL 33021 US

7. Name and Address of New Registered Agent

Name
MARTUS JAY A.
Street Address (P.O. Box Number is Not Acceptable)
1613 NORTH HARRISON PARKWAY, SUITE 200
City
SUNRISE FL Zip Code
33323

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 02/23/2001
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 Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VPS ☐ Delete
NAME MARTUS JAY A
STREET ADDRESS 4651 SHERIDAN ST., STE. 400
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE CFOD ☐ Delete
NAME COWARD ROBERT
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE EVPD ☐ Delete
NAME GOLD LEWIS
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE PD ☐ Delete
NAME EISENBERG MITCHELL
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPS ☒ Change ☐ Addition
NAME MARTUS JAY A
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200
CITY-ST-ZIP SUNRISE FL 33323

TITLE CFOD ☒ Change ☐ Addition
NAME COWARD ROBERT
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200
CITY-ST-ZIP SUNRISE FL 33323

TITLE EVPD ☒ Change ☐ Addition
NAME GOLD LEWIS
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200
CITY-ST-ZIP SUNRISE FL 33323

TITLE PD ☒ Change ☐ Addition
NAME EISENBERG MITCHELL
STREET ADDRESS 1613 NORTH HARRISON PARKWAY, SUITE 200
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jay A. Martus

VP 02/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)