


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # V44810 1. Entry Name WOMEN'S MEDICAL PAVILION, P.A.					
Principal Place of Business 12515 NORTH KENDALL DRIVE 228 MIAMI, FL 33186			Mailing Address % JOHN M. KIRBY 2500 S.W. 75TH AVE. MIAMI, FL 33155		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0340249	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KIRBY, JOHN M. 2500 S.W. 75TH AVE. MIAMI, FL 33155				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOX, SUSAN 12515 NORTH KENDALL DRIVE STE 228 MIAMI, FL 33186		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIRBY, JOHN 2500 S.W. 75 AVE. MIAMI, FL 33155		1100000279722 03/29/05-80008-001 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNKIN, SCOTT 12515 NORTH KENDALL DRIVE STE 228 MIAMI, FL 33186		1100000279722 03/29/05-80008-001 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		[Empty]		
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: _____ SUSAN FOX 3/21/05 305 595 6488 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					