


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 767936</b> 1. Entity Name <b>MANAGEMENT OF THE TINY BABY INCORPORATED</b>	
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Principal Place of Business <b>92 W. MILLER STREET P.O. BOX 568623 ORLANDO, FL 32806-2032</b>	Mailing Address <b>92 W. MILLER STREET P.O. BOX 568623 ORLANDO, FL 32806-2032</b>
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**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2366074</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>ALEXANDER, GREGOR, M.D. 92 W. MILLER STREET ORLANDO, FL 32806</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000153159 05/04/04-80116-020 70.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEXANDER, GREGOR, M.D. 92 W. MILLER ST. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLASHFIELD, SARAH 92 W. MILLER ST. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRUMMOND, WILLA H MD UNIVERSITY OF FLORIDA GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/28/04</b> <b>407-841-5218</b> <small>Date Daytime Phone #</small>
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*Gregor Alexander, MD*