

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90031 013 ****70.00

DOCUMENT # 767936

1. Entity Name
MANAGEMENT OF THE TINY BABY INCORPORATED



Principal Place of Business
**92 W. MILLER STREET
P.O. BOX 568623
ORLANDO, FL 32806-2032**

Mailing Address
**92 W. MILLER STREET
P.O. BOX 568623
ORLANDO, FL 32806-2032**

DO NOT WRITE IN THIS SPACE



08162006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2366074

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALEXANDER, GREGOR, M.D.
92 W. MILLER STREET
ORLANDO, FL 32806**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ALEXANDER, GREGOR, M.D.
STREET ADDRESS 92 W. MILLER ST.
CITY-ST-ZIP ORLANDO, FL

TITLE STD
NAME BLASHFIELD, SARAH
STREET ADDRESS 92 W. MILLER ST.
CITY-ST-ZIP ORLANDO, FL

TITLE VD
NAME DRUMMOND, WILLA H MD
STREET ADDRESS UNIVERSITY OF FLORIDA
CITY-ST-ZIP 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 exemptions contained in Chapter 119, 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 for all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregor Alexander, MD 8/16/06

Date

407-841-5248

Daytime Phone #