

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000001300**

1. Entity Name

THE NATIONAL PERINATAL FOUNDATION, INC.**FILED**
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90059 049 *****70.00

Principal Place of Business

**3500 EAST FLETCHER AVENUE
SUITE 205
TAMPA FL 33613
US**

Mailing Address

**1000 E PRIMROSE ST
SUITE 540
SPRINGFIELD MO 65807**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3172681

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JEFFERS, DELORES F
5157 STERLING MANOR
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Delores F. Jeffers

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-02**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GRAVEN, STANLEY M | |
| STREET ADDRESS | 14930 LAKE FOREST DRIVE | |
| CITY-ST-ZIP | TAMPA FL | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BEGUIN, EVERETT A JR | |
| STREET ADDRESS | 3720 SUGAR HOLLOW | |
| CITY-ST-ZIP | SPRINGFIELD MO 65809 | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOWEN, FRANK W JR | |
| STREET ADDRESS | 70 CUMBERLAND DRIVE | |
| CITY-ST-ZIP | BLUFFTON SC 29910 | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PIZZICA, AL | |
| STREET ADDRESS | 324 SENTRY LANE | |
| CITY-ST-ZIP | WAYNE PA 19087 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HARTLINE, JOHN MD | |
| STREET ADDRESS | 252 EAST LOVELL STREET SUITE 2230 | |
| CITY-ST-ZIP | KALAMAZOO MI | |

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GREER, MAUREN | |
| STREET ADDRESS | 40 NORTH RIDGEVIEW DR | |
| CITY-ST-ZIP | INDIANAPOLIS IN 46219 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Delores F. Jeffers
DELORIS F. JEFFERS, JR MD, 1/10/02 417-269-7600

CR2E037 (9/01)