

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90041 039 \*\*\*\*61.25

**DOCUMENT # N97000000744**

1. Corporation Name

**FLORIDA INSTITUTE FOR FETAL DIAGNOSIS AND THERAPY, INC.**

Principal Place of Business

13601 BRUCE B. DOWNS BLVD., STE. 160  
TAMPA FL 33613

Mailing Address

13601 BRUCE B. DOWNS BLVD., STE. 160  
TAMPA FL 33613



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/07/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3461427

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANGEL, JEFFREY L  
13601 BRUCE B. DOWNS BLVD., STE. 160  
TAMPA FL 33613

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME ANGEL, JEFFREY L  
STREET ADDRESS 13601 BRUCE B. DOWNS BLVD., STE. 160  
CITY-ST-ZIP TAMPA FL 33613

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DST ☐ DELETE  
NAME QUINTERO, RUBEN A  
STREET ADDRESS 13601 BRUCE B. DOWNS BLVD., STE. 160  
CITY-ST-ZIP TAMPA FL 33613

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MELINDI, SUE M  
STREET ADDRESS 100 S. ASHLEY DR., STE. 1650  
CITY-ST-ZIP TAMPA FL 33602

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME AZZARELLI, ELENA  
STREET ADDRESS 934 CRENSHAW LAKE ROAD  
CITY-ST-ZIP LUTZ FL 33549

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME YELVINGTON, FLEURY  
STREET ADDRESS 3030 W. M.L. KING, JR. BLVD.  
CITY-ST-ZIP TAMPA FL 33607

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME RICE, SUSIE B  
STREET ADDRESS 16104 CHANCERY PLACE  
CITY-ST-ZIP TAMPA FL 33613

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jeffrey L. Angel* 4/3/99 813-971-6909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)