

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000744

1. Entity Name

FLORIDA INSTITUTE FOR FETAL DIAGNOSIS AND THERAP

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90056 004 ****61.25

Principal Place of Business

Mailing Address

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

13601 BRUCE B. DOWNS BLVD., STE. 160
TAMPA FL 33613-4691



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3461427

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	ANGEL, JEFFREY L	13601 BRUCE B. DOWNS BLVD., STE. 160	TAMPA FL 33613	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DST	QUINTERO, RUBEN A	13601 BRUCE B. DOWNS BLVD., STE. 160	TAMPA FL 33613	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MELINDI, SUE M	100 S. ASHLEY DR., STE. 1650	TAMPA FL 33602	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	AZZARELLI, ELENA	934 CRENSHAW LAKE ROAD	LUTZ FL 33549	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	RICE, SUSIE B	16104 CHANCERY PLACE	TAMPA FL 33613	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00

CR2E037 (9/99)