

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90131 044 ****61.25

DOCUMENT # N97000000744

1. Entity 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

3. Mailing Address

Suite, Apt., #, etc.

Suite 250

City & State

Zip

Country

Suite, Apt., #, etc.

Suite 250

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3461427**

Applied For

Not Applicable

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. 160-250
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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>Suite 250</i>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>Suite 250</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>16604 millan De Avila</i>	
CITY-ST-ZIP	<i>Tampa, FL 33613</i>	
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)(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 of Jeffrey L. Angel

3/25/03 813-971-6909

CR2E037 (10/02)