

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049651

1. Entity Name

MATERNAL FETAL MEDICINE OF SOUTHWEST FLORIDA, P.

Principal Place of Business

5634 SHADDALEE LANE
FORT MYERS FL 33919

Mailing Address

5634 SHADDALEE LANE
FORT MYERS FL 33919

2. Principal Place of Business

9981 HealthPark Circle

Suite, Apt. #, etc.

#159

City & State

Ft Myers, FL

Zip

33908

Country

Lee

3. Mailing Address

9981 HealthPark Circle

Suite, Apt. #, etc.

#159

City & State

Ft Myers, FL

Zip

33908

Country

Lee

6. Name and Address of Current Registered Agent

GARGANO, ANTHONY J
2075 WEST FIRST STREET, #203
FORT MYERS FL 33901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
President
Charles M. McCurdy
5634 Shaddalee Lane
Ft Myers, FL 33919

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Norman B. Duerbeck
18260 Deep Passage Lane
Ft Myers Beach, FL 33931

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Jillinda Duerbeck
18260 Deep Passage Lane
Ft Myers Beach, FL 33931

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Cynthia McCurdy
5634 Shaddalee Lane
Ft Myers, FL 33919

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

4/18/01

941 481-5477

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90117 004 ***150.00

957397



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)