

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000049651

FILED  
Dec 18, 2008  
Secretary of State

**Entity Name:** MATERNAL FETAL MEDICINE OF SOUTHWEST FLORIDA, P.A.

**Current Principal Place of Business:**

9981 HEALTH PARK CIRCLE  
#159  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

9981 HEALTH PARK CIRCLE  
#159  
FORT MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 65-1007400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCCURDY, CHARLES M  
Address: 5634 SHADDALEE LANE  
City-St-Zip: FORT MYERS, FL 33919

Title: S ( ) Delete  
Name: O'BRIEN, WILLIAM F  
Address: 8270 COLLEGE PKWY SUITE 205  
City-St-Zip: FT MYERS, FL 33919

Title: T ( ) Delete  
Name: TAPELLA, WILLIAM C  
Address: 8270 COLLEGE PKWY SUITE 205  
City-St-Zip: FT MYERS, FL 33919

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MCCURDY, CHARLES M MD  
Address: 5634 SHADDALEE LANE  
City-St-Zip: FORT MYERS, FL 33919

Title: S (X) Change ( ) Addition  
Name: O'BRIEN, WILLIAM F MD  
Address: 5242 NAUTILUS DRIVE  
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: WILLIAMS, MARK C MD  
Address: 14135 STONEGATE DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: VP ( ) Change (X) Addition  
Name: KRAMMER, JUDITH MD  
Address: 15851 TRIPLE CROWN COURT  
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM TAPELLA

T

12/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date