

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000049651

FILED
Apr 16, 2009
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:

8270 COLLEGE PKWY
#205
FORT MYERS, FL 33919

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:

GARGANO, ANTHONY J
2240 WEST FIRST STREET
FORT MYERS, FL 33901 US

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:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CHARLES M. MCCURDY, M.D.

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date