2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# P02000078024

Entity Name: THE MATERNAL FETAL CENTER, INC.

Current Principal Place of Business:

4630 S. 25TH STREET
FORT PIERCE, FL 34981

New Principal Place of Business:

12983 SOUTHERN BLVD
202
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

4630 S. 25TH STREET
FORT PIERCE, FL 34981

New Mailing Address:

12983 SOUTHERN BLVD
202
LOXAHATCHEE, FL 33470 US

FEI Number: 61-1419674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ESTERS, DANIELLE M MD
1744 FARMINGTON CIRCLE
WELLINGTON, FL 33414 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ESTERS, DANIELLE M MD
Address: 1744 FARMINGTON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIELLE M. ESTERS, MD P 04/29/2006

Electronic Signature of Signing Officer or Director Date