

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91308 038 ***158.75

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DOCUMENT # P02000078024

1. Entity Name

THE MATERNAL FETAL CENTER, INC.



Principal Place of Business
**1744 FARMINGTON CIRCLE
WELLINGTON FL 33414**

Mailing Address
**1744 FARMINGTON CIRCLE
WELLINGTON FL 33414**

11024463



2. Principal Place of Business

1700 SE Hillmoor Drive

3. Mailing Address

1700 SE Hillmoor Dr

Suite, Apt. #, etc.

503

Suite, Apt. #, etc.

503

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

61-1419674

Applied For

Not Applicable

Zip

34952

Country

USA

Zip

34952

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ESTERS, DANIELLE M MD**
STREET ADDRESS **1744 FARMINGTON CIRCLE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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: Danielle M. Esters, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2003 772-337-0050

Date Daytime Phone #

CR2E034 (10/02)