

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003759

1. Entity Name
MATERNAL FETAL MEDICINE, P.A.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90030 029 ***150.00

Principal Place of Business
4600 N HABANA
STE 12
TAMPA FL 33614
US

Mailing Address
4600 N HABANA
STE 12
TAMPA FL 33614
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3245552**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LODEIRO, JORGE G
4209 DEEPWATER LN
TAMPA FL 33615-5617

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LODIERO, JORGE G**
CITY-ST-ZIP **4209 DEEPWATER LN**
TAMPA FL 33615-5617

TITLE ☐ Change ☐ Addition
NAME **Lodeiro**
STREET ADDRESS **"last name correct spelling"**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LODEIRO, SILA**
CITY-ST-ZIP **4209 DEEPWATER LN**
TAMPA FL 33615-5617

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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
Date
813-8722413
Daytime Phone #

CR2E034 (10/00)