

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90311 041 \*\*\*150.00

DOCUMENT # S56001

1. Entity Name

ST. PETERSBURG MATERNAL FETAL MEDICINE ASSOCIATES, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

603 Seventh Street South

3. Mailing Address

603 Seventh Street South

Suite, Apt. #, etc.

Suite 520

Suite, Apt. #, etc.

Suite 520

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3072120

Applied For

Not Applicable

Zip

33701

Country

Zip

33701

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Montenegro, Raul, M.D.

Street Address (P.O. Box Number is Not Acceptable)

603 Seventh Street South

Suite 520

City

St. Petersburg

FL

Zip Code

33701

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

Montenegro, Raul, M.D.

2410 Coffeeport Blvd., NE

St. Petersburg, FL 33704

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/02

127 553 7925