


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90044 048 ***150.00

DOCUMENT # S56001 1. Entity Name ST. PETERSBURG MATERNAL FETAL MEDICINE ASSOCIATES, P.A.					
Principal Place of Business 603 SEVENTH ST. SOUTH SUITE 520 ST. PETERSBURG, FL 33701 US			Mailing Address 603 SEVENTH ST. SOUTH SUITE 520 ST. PETERSBURG, FL 33701 US		
2. Principal Place of Business - No P.O. Box # 603 SEVENTH Avenue S. Suite, Apt. #, etc. Suite 340 City & State St. Petersburg FL Zip 33701 Country US		3. Mailing Address 603 SEVENTH Avenue S. Suite, Apt. #, etc. Suite 340 City & State St. Petersburg FL Zip 33701 Country US			
4. FEI Number 59-3072120			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MONTENEGRO, RAUL M.D. 603 SEVENTH STREET SOUTH SUITE 520 ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 603 SEVENTH Avenue S., Suite 340 City St. Petersburg FL Zip Code 33701		
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: <u>Raul Montenegro</u> DATE: <u>2-8-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTENEGRO, RAUL, M.D. <input type="checkbox"/> Delete 15332 GULF BLVD. MADEIRA BEACH, FL 33708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Raul Montenegro</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2-8-08</u> Daytime Phone # _____		