2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# S56001

Entity Name: ST. PETERSBURG MATERNAL FETAL MEDICINE ASSOCIATES, P.A.

Current Principal Place of Business:

625 6TH AVENUE S.
SUITE 340
SAINT PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

625 6TH AVENUE S.
SUITE 340
SAINT PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-3072120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTENEGRO, RAUL M.D.
625 6TH AVENUE S., SUITE 340
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MONTENEGRO, RAUL M.D.
625 6TH AVENUE S., SUITE 340
SUITE 340
ST. PETERSBURG, FL 33701 US

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: _____ 02/04/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MONTENEGRO, RAUL, M., D.
Address: 15332 GULF BLVD.
City-St-Zip: MADEIRA BEACH, FL 33708

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 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: RAUL MONTENEGRO PRES 02/04/2009
Electronic Signature of Signing Officer or Director — Date