I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: DR. RUBEN QUINTERO

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

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	: JULIA D. DENNIS, ESQ.		04/20/20	22
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	DIRECTOR, PRESIDENT	Title	DIRECTOR, SECRETARY	
Name	QUINTERO, RUBEN DR.	Name	KONTOPOULOS, EFTICHIA V DR.	
Address	330 COCOPLUM ROAD	Address	330 COCOPLUM ROAD	
City-State-Zip:	CORAL GABLES FL 33143	City-State-Zip:	CORAL GABLES FL 33143	
Title	DIRECTOR, TREASURER			
Name	KONTOPOULOS, VASILIOS DR.			
Address	330 COCOPLUM ROAD			
City-State-Zip:	CORAL GABLES FL 33143			

Name and Address of Current Registered Agent:

FEI Number: 87-3787133

DENNIS, JULIA D ESQ. SHUFFIELD, LOWMAN & WILSON, P.A. 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801 US

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000013455

Entity Name: THE FETAL INSTITUTE FOUNDATION, INC.

Current Principal Place of Business:

3850 BIRD ROAD, SUITE 401 CORAL GABLES. FL 33146

Current Mailing Address:

3850 BIRD ROAD, SUITE 401 CORAL GABLES. FL 33146

04/20/2022 Date

FILED Apr 20, 2022 Secretary of State 6223891124CC