

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90151 041 ***150.00

DOCUMENT # F89517

1. Corporation Name

**NEONATOLOGY ASSOCIATES OF CENTRAL FLORIDA, M.D.,
P.A.**

Principal Place of Business

**92 WEST MILLER STREET
ORLANDO FL 32806**

Mailing Address

**92 WEST MILLER STREET
ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1982

4. FEI Number

59-2228981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**AUERBACH, DAVID M
92 W MILLER STREET
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/18/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	ALEXANDER, GREGOR, MD	
STREET ADDRESS	92 W MILLER STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	☐ DELETE
NAME	PALMA, PAUL M.D.	
STREET ADDRESS	92 W MILLER STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	☐ DELETE
NAME	LIPMAN, BRIAN MD	
STREET ADDRESS	92 W MILLER STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	☐ DELETE
NAME	AUERBACH, DAVID MD	
STREET ADDRESS	92W MILLER STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	HARDY, DOUGLAS E, MD	
STREET ADDRESS	92 W MILLER ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	MCMAHAN, MICHAEL	
STREET ADDRESS	92 W MILLER ST	
CITY-ST-ZIP	ORLANDO FL 32806	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☐ Change ☒ Addition
1.2 NAME	JOSE PEREZ	
1.3 STREET ADDRESS	92 W MILLER ST.	
1.4 CITY-ST-ZIP	ORLANDO FL 32806	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/18/99

407-841-5218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)