

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
 02-14-2000 90053 016 ***150.00

DOCUMENT # F89517

1. Entity Name

NEONATOLOGY ASSOCIATES OF CENTRAL FLORIDA, M.D.,

Principal Place of Business

Mailing Address

**92 WEST MILLER STREET
 ORLANDO FL 32806**

**92 WEST MILLER STREET
 ORLANDO FL 32806-2029**

NOV 21 100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2228981**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
 NAME **ALEXANDER, GREGOR, MD**
 STREET ADDRESS **92 W MILLER STREET**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ Change ☒ Addition
 NAME **PEREZ, JOSE, 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 ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **LIPMAN, BRIAN MD**
 STREET ADDRESS **92 W MILLER STREET**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **AUERBACH, DAVID MD**
 STREET ADDRESS **92W MILLER STREET**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **HARDY, DOUGLAS E, MD**
 STREET ADDRESS **92 W MILLER ST**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **MCMAHAN, MICHAEL**
 STREET ADDRESS **92 W MILLER ST**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Michael McMahon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/00
 Date

407 841 5218
 Daytime Phone #

CR2E034 (9/99)