2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 AM
Secretary of State

DOCUMENT# F89517

Entity Name: NEONATOLOGY ASSOCIATES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

92 WEST MILLER STREET
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

92 WEST MILLER STREET
ORLANDO, FL 32806

New Mailing Address:

1301 CONCORD TERR
SUNRISE, FL 33323

FEI Number: 59-2228981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUERBACH, DAVID M M.D.
92 W MILLER STREET
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	ALEXANDER, GREGOR, M, D	
Address:	92 W MILLER STREET	
City-St-Zip:	ORLANDO, FL	
Title:	SD	( ) Delete
Name:	PALMA, PAUL M.D.,	
Address:	92 W MILLER STREET	
City-St-Zip:	ORLANDO, FL	
Title:	TD	(X) Delete
Name:	LIPMAN, BRIAN MD,	
Address:	92 W MILLER STREET	
City-St-Zip:	ORLANDO, FL	
Title:	PD	(X) Delete
Name:	AUERBACH, DAVID MD,	
Address:	92W MILLER STREET	
City-St-Zip:	ORLANDO, FL	
Title:	VD	(X) Delete
Name:	HARDY, DOUGLAS E, MD,	
Address:	92 W MILLER ST	
City-St-Zip:	ORLANDO, FL	
Title:	VD	(X) Delete
Name:	MCMAHAN, MICHAEL	
Address:	92 W MILLER ST	
City-St-Zip:	ORLANDO, FL 32806	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PTD	(X) Change ( ) Addition
Name:	WAGNER, KARL B	
Address:	1301 CONCORD TERR	
City-St-Zip:	SUNRISE, FL 33323	
Title:	S	(X) Change ( ) Addition
Name:	GILLON, BRIAN T	
Address:	1301 CONCORD TERR	
City-St-Zip:	SUNRISE, FL 33323	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KARL WAGNER T 02/04/2002

Electronic Signature of Signing Officer or Director — Date