2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K69382

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90030 038 ***150.00

1. Entity Name
SARASOTA NEONATAL CARE ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
P.O. BOX 25514 SARASOTA FL 34277-9514	P.O. BOX 25514 SARASOTA FL 34277-2514

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1301 Concord Terrace	1301 CONCORD TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, FL	City & State: SUNRISE, FL
Zip: 33323 Country:	Zip: 33323 Country:

4. FEI Number 65-0062373 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEBB, CHARLES W.
2172 HILLVIEW ST
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name: BRUCE A. JORDAN
Street Address (P.O. Box Number is Not Acceptable): 1301 CONCORD TERR
City: SUNRISE FL Zip Code: 33323-2825

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] ____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLAGHER, JOHN S. 1569 OAK WAY SARASOTA FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T/D KARL B. WAGNER 1301 CONCORD TERR SUNRISE FL 33323-2825 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV VILLAVECES, CARMEN L. 2501 WILKINSON ROAD SARASOTA FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRUCE A JORDAN 1301 CONCORD TERR SUNRISE, FL 33323-2825 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] 4/27/00 (954) 384-0175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #