2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69382

FILED Apr 16, 2009 Secretary of State

Entity Name: SARASOTA NEONATAL CARE ASSOCIATES, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1301 CON SUNRISE,	CORD TERR FL 33323	?			
Current M	ailing Addre	ess:	New Mailing Address	New Mailing Address:	
1301 CON SUNRISE,	CORD TERR FL 33323	2			
FEI Number:	65-0062373	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #2211E PALM BEACH GARDENS, FL 33410 US			11380 PROSPERITY F	CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 US	
	named entity of Florida.	submits this statement for the pur	pose of changing its registered	d office or registered agent, or both,	
SIGNATURE: 04/16/2009					
Electronic Signature of Registered Agent				Date	
Election Can	npaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD (WAGNER, KA 1301 CONCO SUNRISE, FL	RD TERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (HAWKINS, TH 1301 CONCO SUNRISE, FL	RD TERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS (, EVANS, JAME 1301 CONCO SUNRISE, FL	RD TERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STEINBERG,	RD TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 B. WAGNER PTD 04/16/2009