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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850)222-1092

Fax Number : (850)878-5368

the email address for this business entity to be used for future

Email Address:

Sannual report mailings. Enter only one email address please.**

REGISTERED AGENT CHANGE SARASOTA NEONATAL CARE ASSOCIATES, INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

TO: Amend Divisio	ment Section n of Corporations			
SUBJECT: Surasota Neonatal Care Associates, Inc.				
<u></u>	Name of Co	reportation		
DOCUMENT	YUMBER:	C69382		
The enclosed St	atement of Change of Registered Office	Agent and fee are submitted for filing.		
	correspondence concerning this matter	-		
Name of Contact Person				
Firm/Company		npany		
	Addre	98		
	City/State and	Zin Code		
	vinette_bernard@r	-		
	E-mail address: (to be used for fur			
	D-state manufact, (No on more the two	and united report neutronion,		
For further inform	nation concerning this matter, please ca	de		
	Value 2011-0	•		
<u>·N</u> i	ame of Contact Person	at (
Enclosed is a \$35	.00 check made payable to the Departm	ent of State.		
•	Malling Address:	Street Address:		
	Mailing Address: Amendment Section	Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Bullding		
	Tallahassee, FL 32314	2661 Executive Center Circle Tallabassee, FL 32301		

CR2E045 (8/05)

-- Statement of change of registered office or registered agent or both for corporations

statement e	of change is submitted for a corporation orge i order to change its registered office or regi:	stered agent, or both, in the State of Florida.	·
1. The nam	ne of the corporation: Surasona Neonatal Care	Associates, Inc.	
	cipal office address: 1301 CONCORD TERR		
3. The mail	ling address (if different):		
4. Date of i	ncorporation/qualification: 02/28/1989	Document number: K69382	
	c and street address of the current registered Department of State: (If resigned, enter resign		
	CORPORATE CREATIONS NETWOR	K, INC	
	11380 PROSPERITY FARMS RD., #22	1B	
	PALM BEACH GARDENS FL 33410		
6. The name (if change	e and street address of the new registered age ed):	ent (if changed) and /or registered office	<u> </u>
	CT Corporation System		11 FEB 23
	c/o C T Corporation System, 1200 South	Pine Island Road	EB X
		O'i acceptable	3
	Plantation, Florida 33324		=
The street a	ddress of its registered office and the street will be identical.	t address of the business office of its registered ag	ent, 5
_		ed by its board of directors or by an officer so officed in writing of the change.	0
Mas	Lean Loos	Madonna Cuddihy, Vice President	
	greater of an author of this live cept the appointment as registered abent as ree to comply with the provisions of all sta- , and I am familiar with and accept the ob- being filed merely to reflect a change in it has been notified in writing of this change	Printed of typed mins and trib and agree to act in this capacity. tutes relative to the proper and complete performe ligation of my position as registered agent. Or, if he registered office address, I hereby confirm that	ince this the
By:	CT Corporation System	2/1/2011	
	Signature of Registered Agent	Date	-
f signing or	n behalf of an entity Burbara A. Burke Special Absistant Secretary		
	Typed or Printed Nume		
	* * * FILING FI	ZE: \$35.00 * * *	

MAKE CHECKS FAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FL004 - 07/23/2009 C T Pycsem Onlise

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