FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004054 (0)

FILED May 13 1998 8:00am Secretary of State

1. Corporation	n Name				,							
WEST COAST NEONATOLOGY, INC.												
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Principal Place	e of Busines		M	alling Address							r cilli prei loci	
1		ō										
801 SIXTH STREET SOUTH BO1 SIXTH STREET SOUTH SU. DENNIS SEXTON SU. DENNIS SEXTON					H				3. Date Incorporated or Qualified			
ST. PETERSBURG FL 33701				ST. PETERSBURG FL 33701					08/02/1996			
									4. FEI Number 59-3398308	\vdash	Applied For Not Applicable	
2. Principal P	lace of Busin	1688	2a. Mailing Address							\$8.7	5 Additional	
21			26						5. Certificate of Status Desired		Required	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						6. Election Campaign Financing		О Мау Ве	
City & State			27	City & State					Trust Fund Contribution		d to Fees	
23	•		28	28					7. Is this nonprofit corporation a homeowners association? ☐ Yes 🛣 No			
Zip		Country		Zip		Country			8. This corporation owes or has paid the	current year		
24		26	29		30				Personal Property Tax due June 30.	Yes	No.	
<u> </u>	9. Name	and Address of Curre	ni Hegis	tered Agent		81	Name		10. Name and Address of New Registers	a Agent		
HO! IOH	ON DETU	. ▲				L		R.	. Donald Mastry, Esquire	2		
HOUGHTON, BETH A 801 SIXTH STREET SOUTH						82	Street /		ss (P.O. Box Number is Not Acceptable) olland & Knight			
ST. PETERSBURG FL 33701						83					· 	
						84	City		<u>ne Progress Plaza, Suite</u>		ip Code	
						1 1			t. Petersburg		33701	
11. Pursuant office or r	to the provide	ions of Sections 617.050	02 and 6	17.1508, Florida Statu Ia. Such change was	tes, the	e above	e-named	corpo oratio	ration submits this statement for the purpose in's board of directors. I hereby accept the a	of changin	g its registered as registered	
agent. I a	m familiar w	th and accept the oblig	ations of	Section 617.0503, F	orida S	Statutes	3.		1 2	⇒ ^	0	
SIGNATURE	Sloophura Node	or printed name of registered age	ant and title	Fapolicable (N	E: Regis	Hered Age	ol signatura	equired	T × DATE	<u> 3 - 9 </u>		
12.		OFFICERS AN			_	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	CO			☐ DELETE	1	I.1 TITLE				☐ Chan	e Addition	
NAME		, J. DENNIS			1	.2 NAME						
STREET ADDRESS		TH STREET SOUTH			- 1	.3 STREET	ነ					
CITY-ST-ZIP TITLE	VD VD	ERSBURG FL 33701		DELETE		<u>i.4 City-s</u> 2.1 Title	T-ZIP			☐ Chan	e Addition	
NAME		JACK M.D.				2.2 NAME					ic	
STREET ADDRESS	and animal account and the						2.3 STREET ADDRESS					
CITY-ST-ZIP		ERSBURG FL 33701				2. 4 CITY-5						
TITLE	VD			DELETE	3	3.1 TITLE		V		☐ Chang	e X Addition	
NAME		TON, BETH A			3	.2 NAME			artanne R. Parsons			
STREET ADDRESS	801 SIXT	ih street south			3	.3 STREET		80	01 Sixth Street South			
CITY-ST-ZIP	AT -											
3774.6	ST. PETI	ERSBURG FL 33701		T DELETE	_	1.4. CITY-S	3T - ZIP		Petersburg, FL 33701	Chang	Addition	
TITLE	ST. PETI	ERSBURG FL 33701		DELETE	7	I.1 TITLE	ST - ZIP	PI)	☐ Chang	e 🙀 Addition	
NAME	ST. PETI	ERSBURG FL 33701		☐ DELETE	1	I.1 TITLE I. 2 NAME		PI	oberto Sosa, M.D.	☐ Chang	e 🙀 Addition	
NAME STREET ADDRESS	ST. PETI	ERSBURG FL 33701		☐ DELETE	4 4	I.1 TITLE I. 2 NAME I.3 STREET	ADDRESS	PI Ro 80) Oberto Sosa, M.D. Ol Sixth Street South	☐ Chan	- 31	
NAME	ST. PETI	ERSBURG FL 33701		☐ DELETE	4 4 4	I.1 TITLE I. 2 NAME	ADDRESS	PI Ro 80	oberto Sosa, M.D.	☐ Chang	T	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ST. PETI	ERSBURG FL 33701			4 4 4 5 5 5 5 6	I.1 TITLE I. 2 NAME I.3 STREET I.4 CITY - S I.1 TITLE I.2 NAME I.3 STREET	ADDRESS T-ZIP ADDRESS	PI Rd 80 St D Ga 80 St	oberto Sosa, M.D. Ol Sixth Street South C. Peter:burg, FL 33701 ary Carnes Ol Sixth Street South		e 🙀 Addition	

14. Thereby 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

ALSO LE

4-28-98

(813)892-8892