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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000004054**

1. Corporation Name

WEST COAST NEONATOLOGY, INC.

Principal Place of Business	Mailing Address
801 SIXTH STREET SOUTH %J. DENNIS SEXTON ST. PETERSBURG FL 33701	801 SIXTH STREET SOUTH %J. DENNIS SEXTON ST. PETERSBURG FL 33701

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/02/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3398308 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

R DONALD MASTRY, ESQ
HOLLAND & KNIGHT
ONE PROGRESS PLZ #1600
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	CTr	☒ Change ☐ Addition
NAME	SEXTON, J. DENNIS		1.2 NAME		
STREET ADDRESS	801 SIXTH STREET SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33701		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	VTr	☒ Change ☐ Addition
NAME	HUTTO, JACK M.D.		2.2 NAME		
STREET ADDRESS	801 SIXTH STREET SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33701		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	MARIANNE R PARSONS		3.2 NAME	William Nyman	
STREET ADDRESS	801 SIXTH STREET SOUTH		3.3 STREET ADDRESS	801 Sixth Street South	
CITY-ST-ZIP	ST. PETERSBURG FL 33701		3.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	PD	☐ DELETE	4.1 TITLE	PTr	☒ Change ☐ Addition
NAME	ROBERTO SOSA, M.D.		4.2 NAME		
STREET ADDRESS	801 SIXTH ST SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33701		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	Tr	☒ Change ☐ Addition
NAME	GARY CARNES		5.2 NAME		
STREET ADDRESS	801 SIXTH ST SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33701		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RITA WICKMAN		6.2 NAME		
STREET ADDRESS	801 SIXTH ST SOUTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33701		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: William Nyman SIGNATURE REQUIRED 4/15/99 (813) 892-8892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William Nyman Senior Vice President

CR2E037 (11/98)