

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000004054**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3398308

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR SEXTON, J. DENNIS 801 SIXTH STREET SOUTH ST. PETERSBURG FL 33701 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR HUTTO, JACK M.D. 801 SIXTH STREET SOUTH ST. PETERSBURG FL 33701 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NYMAN, WILLIAM 801 SIXTH STREET SOUTH ST. PETERSBURG FL 33701 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTR ROBERTO SOSA, M.D. 801 SIXTH ST SOUTH ST PETERSBURG FL 33701 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GARY CARNES 801 SIXTH ST SOUTH ST PETERSBURG FL 33701 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RITA WICKMAN 801 SIXTH ST SOUTH ST PETERSBURG FL 33701 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Arnold T. Stenberg, Jr. 801 Sixth Street South St. Petersburg, FL 33701 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ARNOLD T. STENBERG, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Arnold T. Stenberg, Jr. 4/27/01 (727) 892-4401**

Date

Daytime Phone #

**FILED
May 07, 2001 8:00 am
Secretary of State**

05-07-2001 90005 049 *****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)