## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 08, 2002 8:00 am Secretary of State DOCUMENT # N9600004054 1. Entity Name 05-08-2002 90012 012 \*\*\*\*61.25 WEST COAST NEONATOLOGY, INC. Principal Place of Business Mailing Address **901 SIXTH STREET SOUTH** 801 SIXTH STREET SOUTH %. DENNIS SEXTON %J. DENNIS SEXTON T. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3398308 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) R DONALD MASTRY, ESQ **HOLLAND & KNIGHT** ONE PROGRESS PLZ #1600 Zip Code ST PETERSBURG FL 33701 FL 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CTR TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME SEXTON, J. DENNIS NAME STREET ADDRESS STREET ADDRESS 1801 Sixth Street South CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 VTR ☐ Delete ΤR TITLE TITLE Change Addition HUTTO, JACK M.D. Hutto, Jack, M.D. NAME NAME STREET ADDRESS 801 Sixth Street South STREET ADDRESS **801 SIXTH STREET SOUTH** CITY-ST-ZIP CITY-ST-7/P St. Petersburg, FL 33701 ST. PETERSBURG FL 33701 ☐ Delete TITLE ☐ Change ☐ Addition TITLE STENBERG, ARNOLD T JR NAME NAME STREET ADDRESS STREET ADDRESS 801 SIXTH STREET SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROBERTO SOSA, M.D. NAME NAME STREET ADDRESS 801 SIXTH ST SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33701 TR TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME GARY CARNES NAME STREET ADDRESS STREET ADDRESS 801 SIXTH ST SOUTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33701 TITLE ☐ Delete TITLE ☐ 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

RITA WICKMAN

801 SIXTH ST SOUTH

ST PETERSBURG FL 33701

4/29/02

(727)892-4401

ATTACHMENT West Coast Neonatology, Inc.

E.I.N. 59-3398308 //os	1924
E.I.N. 59-3398308 / S 2002 Uniform Business Report	

TR Robert Christensen, M.D. 801 Sixth Street South St. Petersburg, FL 33701

Trustee/Physician-in-Chief