Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90331 021 ****61.25

| 2004 NO | T-FOR-PROFIT CORF | PORATION |
|---------|-------------------|----------|
| | ANNUAL REPORT | |
| | | |

| DOCUMENT # N9600004054 1. Entity Name WEST COAST NEONATOLOGY, INC. | | | | 04-30-20 | J04 90331 | 021 | 01.23 | |
|--|---|---|---|--|----------------------------------|-----------------------------------|---------------------------|------------------------------|
| Principal Place of Business 801 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701 Mailing Address 801 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701 | | | | | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. #. etc. Suite | | Suite, Apt. #, etc. | ite, Apt. #, etc. | | g-NP | CR2E037 | (10/03) | |
| City & State | е | City & State | | 4. FEI Number 59-3398308 | 3 | | - | plied For t Applicable |
| 2ip | Country | Zip | Country | 5. Certificate of Sta | itus Desired | | 3.75 Addi e Required | |
| | 6. Name and Address of Current Re | gistered Agent | Name | 7. Name and Addr | ess of New Re | gistered Age | ent | |
| CARNES, GARY A 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701 | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | FL | Zip Code | , |
| | named entity submits this statement for the long of registered agent. | ne purpose of changing its re | gistered office or registe | ered agent, or both, in t | he State of Flor | rida. 1 am fan | niliar with, a | and accept |
| SIGNATURE | Signature, typed or printed name of registered agent and | title if applicable. (NOTE: R | egistered Agent signature require | ed when reinstating) | | DATE | | |
| | Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Camp Trust Fund Cor | | \$5.00 May Be Added to Fees | | ake check p da Departm | | |
| 10. | OFFICERS AND DIREC | | 11. | ADDITIONS/CHANGE | S TO OFFICER | | | |
| TITLE NAME STREET ADDRESS CITY: ST-ZIP | CHRISTENSEN, ROBERT M.D. 801 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | L | _} Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TR HUTTO: JACK M.D. 801 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | C | Change | Addition |
| TITLE NAME STREET ADDRESS CITY+ST+ZIP | V STENBERG, ARNOLD T JR 801 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | С | Change | Addition |
| 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 | | | C | _ Change | Addition |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | CTR GARY CARNES 801 SIXTH ST SOUTH ST PETERSBURG, FL 33701 | ☐ Delete | TIFLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition |
| 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 | | | | Change | ☐ Addition |
| indicated of the co | certify that the information supplied with the on this report or supplemental report is traporation or the receiver or trustee empower, or on an attachment with an address, with | ue and accurate and that my ered to execute this report as | ne exemption stated in S signature shall have the required by Chapter 6 | e same legal effect as if 17, Florida Statutes; and | t made under d d that my name | eath; that I am e appears in E | an officer Block 10 or | or director r Block 11 if |
| SIGNAT | TURE: SIGNATUME AND TYPED OR PRIM | NTED NAME OF SIGNING OFFICER OF | DIRECTOR | ×, | 7 / 0 4 Date | | 767-8 ima Phone # | 892 |

Arnold T. Stenberg, Jr.

West Coast Neonatology, Inc. E.I.N. 59-3398308 2004 Uniform Business Report

attachment

19600004054

| Name and Address | Title | <u> </u> |
|--------------------------|---------|----------|
| | | |
| TR | | |
| R. William Horton | Trustee | |
| 801 Sixth Street South | | |
| St. Petersburg, FL 33701 | | |