

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90301 005 ****61.25

DOCUMENT # N96000004054	
1. Entity Name WEST COAST NEONATOLOGY, INC.	

Principal Place of Business 801 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701	Mailing Address 801 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04012005 Chg-NP CR2E037 (10/03)

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	
CARNES, GARY A 801 SIXTH STREET SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

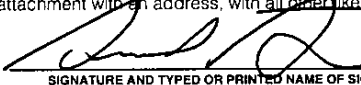
9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CHRISTENSEN, ROBERT M.D. 801 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR R. WILLIAM HORTON 801 SIXTH STREET SOUTH ST PETERSBURG, FL 33701 ☐ 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	☐ 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	VTR ☒ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR GARY CARNES 801 SIXTH ST SOUTH ST PETERSBURG, FL 33701 ☐ Delete	TITLE 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

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-767-8892

Date

Daytime Phone #