

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F89517

**Entity Name:** NEONATOLOGY ASSOCIATES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1301 CONCORD TERRACE  
SUNRISE, FL 33323

**Current Mailing Address:**

1301 CONCORD TERRACE  
SUNRISE, FL 33323 US

**FEI Number:** 59-2228981

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name ANDREANO, DOMINIC J.  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name LOPEZ-BLANCO, VIVIAN  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title TREASURER  
Name LOPEZ-BLANCO, VIVIAN  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

Title PRESIDENT  
Name LOPEZ-BLANCO, VIVIAN  
Address 1301 CONCORD TERRACE  
City-State-Zip: SUNRISE FL 33323

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DOMINIC J. ANDREANO**

**SECRETARY**

**03/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date