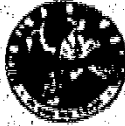


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 25 AM 8:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 535736 (3)
1. Corporation Name
NEONATAL ASSOCIATES OF NORTHWEST FLORIDA, P.A.

Principal Place of Business Mailing Address
**5151 NORTH 9TH AVE
PENSACOLA FL 32504
US** **5149 NORTH 9TH AVE., SUITE 302
PENSACOLA FL 32504**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/28/1977		04/06/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1775518		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**ALPIN, II, M.D., CHARLES E.
5149 NORTH 9TH AVENUE, SUITE 302
PENSACOLA FL 32504**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	PD
NAME	NAGEL, JON W.	1.2 NAME	NAGEL, JON W.
STREET ADDRESS	5149 N. 9TH AVE. STE 302	1.3 STREET ADDRESS	5149 N. 9TH AVE. STE 302
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	VD	2.1 TITLE	TD
NAME	APLIN, CHARLES E., II	2.2 NAME	APLIN, Charles E., II
STREET ADDRESS	5149 N. 9TH AVE. STE 302	2.3 STREET ADDRESS	5149 N. 9TH AVE., STE 302
CITY-ST-ZIP	PENSACOLA, FL 00000	2.4 CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	TD	3.1 TITLE	SD
NAME	SIMS, JAMES STEPHEN	3.2 NAME	SIMS, JAMES STEPHEN
STREET ADDRESS	5149 N. 9TH AVE. STE 302	3.3 STREET ADDRESS	5149 N. 9TH AVE., STE 302
CITY-ST-ZIP	PENSACOLA, FL 00000	3.4 CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	PD	4.1 TITLE	VD
NAME	CARTER, KENNETH W	4.2 NAME	CARTER, KENNETH W
STREET ADDRESS	5149 N. 9TH AVE. STE 302	4.3 STREET ADDRESS	5149 N. 9TH AVE., STE 302
CITY-ST-ZIP	PENSACOLA, FL 00000	4.4 CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. APLIN, II, M.D. (Director/Treasurer)

904-474-7630

DATE

(Type in Phone #)

4/12/95