

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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



Principal Place of Business  
**5151 NORTH 9TH AVE  
PENSACOLA FL 32504  
US**

Mailing Address  
**5149 NORTH 9TH AVE., SUITE 302  
PENSACOLA FL 32504**

3. Date Incorporated or Qualified  
**05/28/1977**

3a. Date of Last Report  
**04/25/1995**

4. FEI Number  
**59-1775518**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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

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 reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
NAGEL, JON W.  
5149 N. 9TH AVE. STE 302  
PENSACOLA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TD  
APLIN, CHARLES E., II  
5149 N. 9TH AVE. STE 302  
PENSACOLA, FL 00000**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
SIMS, JAMES STEPHEN  
5149 N. 9TH AVE. STE 302  
PENSACOLA, FL 00000**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
CARTER, KENNETH W  
5149 N.9TH AVE. STE 302  
PENSACOLA, FL 00000**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

**VD  
CARTER, KENNETH W.  
5149 N. 9TH AVE., STE. 302  
PENSACOLA, FL 32504**

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 119.07(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

**1/18/96**

Date

**(904) 474-7630**

Daytime Phone

CR2E034 (12/95)