FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Mar 10 1997 8:00am
Secretary of State

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 32504-8755

3. Date Incorporated or Qualified: **05/28/1977**
3a. Date of Last Report: **01/31/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

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

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 **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 of the registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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

CR2E034 (9/96)

14. I do 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 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: Jon W. Nagel JON W. NAGEL, M.D. 2/25/97 (904) 416-7641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #