

**F89517**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

**\*RE-SUBMIT\***

From:

Account Name : C T CORPORATION SYSTEMS  
Account Number : FCA0000000023  
Phone : (850) 222-1000  
Fax Number : (850) 878-5300

Please retain original filing  
date of submission 2/24

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 FEB 23 PM 2:41

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**REGISTERED AGENT CHANGE**  
**NEONATOLOGY ASSOCIATES OF CENTRAL FLORIDA, INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

*RA Kelly*



February 24, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NEONATOLOGY ASSOCIATES OF CENTRAL FLORIDA, INC.  
1301 CONCORD TERRACE  
SUNRISE, FL 33323

SUBJECT: NEONATOLOGY ASSOCIATES OF CENTRAL FLORIDA, INC.  
REF: F89517

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

FAX Aud. #: H11000048946  
Letter Number: 011A00004662

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

## COVER LETTER

**TO: Amendment Section  
Division of Corporations**

SUBJECT: NEONATOLOGY ASSOCIATES OF CENTRAL FLORIDA, INC.  
Name of Corporation

DOCUMENT NUMBER: 189517

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

vineue\_burnard@mednax.com

E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Name of Contact Person \_\_\_\_\_ at ( \_\_\_\_\_ )  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR1E045 (B/U5)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Florida  
\_\_\_\_\_ In order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NEONATOLOGY ASSOCIATES OF CENTRAL FLORIDA, INC.
2. The principal office address: 1301 CONCORD TERRACE, SUNRISE FL 33323
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/29/1982 Document number: F89517

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

CORPORATE CREATIONS NETWORK, INC.

11380 PROSPERITY FARMS RD., #221E

PALM BEACH GARDENS FL 33410

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Barbara Burke  
Signature of an officer or director

Barbara Burke, Secretary  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity,  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.

By: C T Corporation System  
Signature of Registered Agent

2/1/2011  
Date

If signing on behalf of an entity:

Madonna Cuddihy

Special Assistant Secretary

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED  
11 FEB 23 PM 2:11  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE