2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 16, 2000 8:00 am Secretary of State **DOCUMENT # G57318** 1. Entity Name GULF COAST NEONATOLOGY, P.A. 03-16-2000 90088 037 ***150.00 Principal Place of Business Mailing Address P.O. BOX 928 401 N. PARSONS AVE BUILDING 108B BRANDON FL 33509-0928 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address 1463 OAKFIELD DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 143 City & State City & State 4. FEI Number Applied For 59-2319804 BRANDON, FL Not Applicable Zip. Country \$8.75 Additional Country 5. Certificate of Status Desired 33511 HILLSBOROUGH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IVA BRIDWELL WEBB, IVA B. Street Address (P.O. Box Number is Not Acceptable) 1463 OAKFIELD DRIVE 401 N. PARSONS AVE BLDG. 108B BRANDON FL 33510 SUITE 143 BRANDON 8. 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITI F X Delete TITLE ☐ Change LANDFISH, NANCY NAME NAME 401 N. PARSONS AVE. BLDG. 108B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** Change ☐ Addition PD ☐ Delete TITLE PD TITLE NAME WEBB, IVA B. NAME IVA BRIDWELL 401 NORTH PARSONS AVENUE BLDG 108B STREET ADDRESS STREET ADDRESS 1463 OAKFIELD DRIVE, SUITE 143 CITY-ST-7IP CITY-ST-ZIP **BRANDON FL** BRANDON, FL. 33511 Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE

13. Thereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Wald Bridwell

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

13/13/00 8/3-685-530