## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # G57318** 1. Entity Name GULF COAST NEONATOLOGY, P.A. 02-06-2001 90275 032 \*\*\*150.00 Principal Place of Business Mailing Address 1463 OAKFIELD DR P.O. BOX 928 BRANDON FL 33509 **STE 143** BRANDON FL 33511 2. Principal Place of Business Dr. W. 3. Mailing Address 5796 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-23 19804 Jacksonville, FL Jacksonville, Fl Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 32207 32247-5796 U.S.A. U.S.A. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Iva L. Bridwell BRIDWELL, IVA Street Address (P.O. Box Number is Not Acceptable) 1463 OAKFIELD DRIVE 4115 Alhambra Dr. W. **STE 143** BRANDON FL 33511 Zip Code Jacksonville 32207 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. 1/27/01 e required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition K Change TIT) F PD ☐ Delete TITLE NAME Iva L. Bridwell NAME BRIDWELL, IVA STREET ADDRESS STREET ADDRESS 1463 OAKFIELD DRIVE STE 143 4115 Alhambra Dr. W. CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** Jacksonville, FL 32207 ☐ Addition TITLE ☐ Change PD X Delete TITLE NAME NAME WEBB, IVA B. STREET ADDRESS STREET ADDRESS 401 NORTH PARSONS AVENUE BLDG 108B CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I 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 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

TITLE

TITLE

NAME STREET ADDRESS

SIGNATURE: Iva L. Bridwell Qa SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

904-306-0914

Change

☐ Addition:

Daytime Phone #