

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G57318

1. Entity Name: GULF COAST NEONATOLOGY, P.A.

2. Principal Place of Business
4115 ALHAMBRA DR. W.
JACKSONVILLE FL 32207
US

Mailing Address
P O BOX 5796
JACKSONVILLE FL 32247-5796
US

2. Principal Place of Business
815 Granada Blvd. S.

Suite, Apt. #, etc.
Jacksonville, FL

City & State
32207

Zip
Duvat

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
Country U.S.A.

4. FEI Number
59-2319804

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRIDWELL, IVA
4115 ALHAMBRA DR. W.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name
Iva L. Bridwell

Street Address (P.O. Box Number is Not Acceptable)

815 Granada Blvd. S.

Jacksonville

City

FL Zip Code
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.

SIGNATURE: *Iva L. Bridwell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 1-9-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PD
NAME: BRIDWELL, IVA
STREET ADDRESS: 4115 ALHAMBRA DR. W.
CITY-ST-ZIP: JACKSONVILLE FL 32207

Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

815 Granada Blvd. S.
Jacksonville, FL 32207

TITLE: PD
NAME: WEBB, IVA B. Please
STREET ADDRESS: 401 NORTH PARSONS AVENUE BLDG 108B
CITY-ST-ZIP: BRANDON FL 33510
3rd
Delete Request

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

SIGNATURE: *Iva L. Bridwell* 1-9-02 904-316-0914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2002
2002