

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90057 041 ***150.00

DOCUMENT # G57318

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

Principal Place of Business

**4115 ALHAMBRA DR. W.
 JACKSONVILLE FL 32207
 US**

Mailing Address

**P O BOX 5796
 JACKSONVILLE FL 32247-5796
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

815 Granada Blvd. S.

Suite, Apt. #, etc.

Jacksonville, FL.

City & State

32207

Zip

Country **U.S.A.**

Durat

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

Iva L. Bridwell

1-9-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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** ☐ Delete
 NAME **BRIDWELL, IVA**
 STREET ADDRESS **4115 ALHAMBRA DR. W.**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **815 Granada Blvd. S.**
 CITY-ST-ZIP **Jacksonville, FL. 32207**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

Iva L. Bridwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-02 904-306-0914

CR2E034 (9/01)