


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L37765 (9) 1. Corporation Name FLORIDA REGIONAL NEONATAL ASSOCIATES, P.A.					
Principal Place of Business 1 HUNTLY DR. PALM BEACH GARDENS FL 33418 US			Mailing Address 1 HUNTLY DR. PALM BEACH GARDENS FL 33418-6813 US		
2. Principal Place of Business 21 1455 Northpark Dr. Suite, Apt. #, etc. 22		2a. Mailing Address 26 1455 Northpark Dr. Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 12/18/1989	
City & State 23 Ft. Lauderdale, FL Zip 24 33326		City & State 28 Ft. Lauderdale, FL Zip 29 33326		3a. Date of Last Report 01/24/1996	
Country 25 USA		Country 30 USA		4. FEI Number NOT APPLICABLE 65-0278393 Applied For <input type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent KANTER, DAVID MD 1 HUNTLY DRIVE PALM BEACH GARDENS FL 33418				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent 81 Name Charlene Warren 82 Street Address (P.O. Box Number is Not Acceptable) 1455 Northpark Drive 83 84 City Ft. Lauderdale FL 85 Zip Code 33326					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Charlene Warren</i> - Charlene Warren 4/30/97 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME P Medel, Roger					
1.3 STREET ADDRESS 1455 Northpark Drive					
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33326					
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME Kanter, David					
2.3 STREET ADDRESS 1 Huntly Drive					
2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418					
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME Mullen, Lawrence M					
3.3 STREET ADDRESS 1455 Northpark Drive					
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33326					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.					
SIGNATURE: <i>Larry Mullen</i> Larry Mullen 4/30/97 (954) 384-0125 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



CR2E034 (9/96)