

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L37765** (9)
1. Corporation Name
FLORIDA REGIONAL NEONATAL ASSOCIATES, P.A.

Principal Place of Business 1455 NORTH PARK DR FT LAUDERDALE FL 33326 US	Mailing Address 1455 NORTH PARK DR FT LAUDERDALE FL 33326 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 401 45th Street Suite, Apt. #, etc. 22 City & State 23 West Palm Beach, FL Zip 24 33407 Country 25 USA		2a. Mailing Address 26 1455 Northpark Drive Suite, Apt. #, etc. 27 City & State 28 Fort Lauderdale, FL Zip 29 33326 Country 30 USA		3. Date Incorporated or Qualified 12/18/1989	4. FEI Number 65-0298393 Applied For Not Applicable	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent WARREN, CHARLENE 1455 NORTH PARK DR FT LAUDERDALE FL 33326		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	
NAME	KANTER, DAVID	1.2 NAME	
STREET ADDRESS	1 HUNTLEY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GDNS FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	President
NAME	MEDEL, ROGER	2.2 NAME	Brian Udeh
STREET ADDRESS	1455 NORTH PARK DR	2.3 STREET ADDRESS	1455 Northpark Drive
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33326
TITLE	T	3.1 TITLE	
NAME	MULLEN, LAWRENCE M	3.2 NAME	
STREET ADDRESS	1455 NORTH PARK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE # **0297889**

CR2E034 (10/97)