

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L37765

1. Entity Name

FLORIDA REGIONAL NEONATAL ASSOCIATES, P.A.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90043 044 ***150.00

Principal Place of Business

901 45TH ST
W PALM BEACH FL 33407
US

Mailing Address

1455 NORTH PARK DR
FT LAUDERDALE FL 33326-3215
US

2. Principal Place of Business

3. Mailing Address

1301 CONCORD TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUNRISE

FL

4. FEI Number

65-0298393

Applied For

Not Applicable

Zip

Country

Zip

33323

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARREN, CHARLENE
1455 NORTHPARK DR
FT LAUDERDALE FL 33326

Name

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

1301 CONCORD TERR

City

SUNRISE

FL

Zip Code

33323

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

Charlene Warren

3/22/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME KANTER, DAVID
STREET ADDRESS 1 HUNTLEY DR
CITY-ST-ZIP PALM BEACH GDNS FL

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

TITLE PD ☐ Delete
NAME MEDEL, ROGER J
STREET ADDRESS 1455 NORTH PARK DR
CITY-ST-ZIP FT LAUDERDALE FL 33326

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1301 CONCORD TERR
CITY-ST-ZIP SUNRISE FL 33323

TITLE T ☒ Delete
NAME MULLEN, LAWRENCE M
STREET ADDRESS 1455 NORTHPARK DR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE T ☐ Change ☒ Addition
NAME KARL WAGNER
STREET ADDRESS 1301 CONCORD TERR
CITY-ST-ZIP SUNRISE FL 33323

TITLE S ☐ Delete
NAME JORDAN, BRUCE
STREET ADDRESS 1455 N PARK DR
CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1301 CONCORD TERR
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRUCE JORDAN

3/22/00

Date

Daytime Phone #

CR2E034 (9/99)