2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# L37765

Entity Name: FLORIDA REGIONAL NEONATAL ASSOCIATES, INC.

Current Principal Place of Business:

901 45TH ST
W PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

1301 CONCORD TERR
SUNRISE, FL 33323 US

New Mailing Address:

FEI Number: 65-0298393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS NETWORK INC.
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: WAGNER, KARL B
Address: 1301 CONCORD TERR
City-St-Zip: SUNRISE, FL 33323

Title: VP ( ) Delete
Name: KANTER, DAVID
Address: 1301 CONCORD TERR
City-St-Zip: SUNRISE, FL 33323

Title: S ( ) Delete
Name: HAWKINS, THOMAS W
Address: 1301 CONCORD TERR
City-St-Zip: SUNRISE, FL 33323

Title: AS ( ) Delete
Name: EVAMS, JAMES P
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: VP ( ) Delete
Name: STEINBERG, LEE ANN
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change ( ) Addition
Name: EVANS, JAMES P
Address: 1301 CONCORD TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE ANN STEINBERG VP 04/17/2007

Electronic Signature of Signing Officer or Director — Date