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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1998 8:00am

Secretary of State

☐ Change

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

L40152

(5)

	EE NEONATOLOGY ASSO					
Principal Place of Business Mailing Address						
MANATEE MEMORIAL HOSPITAL % NAREN G JADEJA 206 SECOND ST., EAST 210 3RD AVENUE EAST BRADENTON FL 34208 BRADENTON FL 34208 US						
					DO NOT WRITE IN TH	HIS SPACE
					3. Date Incorporated or Qualified	
					01/01/1990	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0170495	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	red Agent
JA[DEJA, NAREN G.			81 Name		
210 ERD AVENUE, EAST BRADENTON FL 34208 83				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
				83		
				84 City		85 Zip Code
						L 63 Zip code
office or r	to the provisions of Sections burius egistered agent, or both, in the Sta mitamiliar with land accept the obli	te of Florida. Such change was inations of Section 607.0505. Fl	tes, the ai authorize lorida Stat	bove-named co d by the corpora utes	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE						
12.	Signature, typod or printed name of registered a	ND DIRECTORS	13.	Agent signature requ	uirod when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE	D			TLE	ADDITIONO/OTANGES TO OTT ICENS.	Change Addition
NAME	JADEJA, NAREN G		1.2 N/	I .		
STREET ADDRESS	210 3RD AVENUE, EAST			REET ADDRESS		
CITY-ST-ZIP	BRADENTON FL			TY-ST-ZIP		
TITLE			2.1 1			Change Addition
NAME			2.2 N/	1		•
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		
TITLE			3.1 TI			☐ Change ☐ Addition
NAME			3 2 N/	AME		
STREET ADDRESS			3.3 \$1	reet address		
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP		
TITLE		DELETE	4.1 10	LE		Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP		
TITLE		☐ DELETE	5.1 11	TLE		Change Addition
NAME			5.2 NA	IME		
STREET ADDRESS			5.3 \$1	REET ADDRESS		

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

☐ DELETE

TANEAN) 1/6/GC GVI-7X7-65/2