FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11693 (1)

1. Corporation Name

THE FLORIDA SOCIETY OF NEONATAL-PERINATOLOGISTS, INC.

Principal Place of Business	Mailing Address
C/O MITCHELL E STERN MD W BOCA MED CNTR 21644 STATE RD 7 BOCA RATON FL 33428	C/O MITCHELL E STERN MD W BOCA MED CNTR 21644 STATE RD 7 BOCA RATON FL 33428

3. Date Incorporated or Qualified: 10/21/1995

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2653813 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Dee Crum	26 c/o Dee Crum
Suite, Apt. #, etc. 22 22484 Middletown Dr.	Suite, Apt. #, etc. 27 22484 Middletown Dr.
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip / Country 24 33428 / 25 USA	Zip / Country 29 33428 / 30 ~~Ca~~ U.S.A.

9. Name and Address of Current Registered Agent

MATTHEWS, EDSEL F., JR.
308 SOUTH JEFFERSON ST
C/O MATTHEWS, REED & BELL, P.A.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WYBLE, LANCE ONE DAVIS BLVD., SUITE 410 TAMPA FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD WALLIN, LAWRENCE 92 WEST MILLER STREET ORLANDO, FL 32806	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALLIN, LAWRENCE 92 WEST MILLER STREET ORLANDO FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD NAPOLITANO, TONY 880 6TH ST., SUITE 470 ST. PETERSBURG, FL 33701	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD NAPOLITANO, TONY 880 6TH ST, SUITE 470 ST PETERSBURG FL	☑ DELETE	3.1 TITLE STD / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DUARA, SHAHNAZ 1611 N.W. 12TH AVE., RM 5005331 MIAMI, FL 33136	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X S. Duara 4/26/96 (305) 585-6406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #