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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # N11693

(1)

THE FLORIDA SOCIETY OF NEONATAL-PERINATOLOGISTS, INC.

Mailing Address



Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 5, etc. Suite, April 5, etc. Suite, April 6, etc.	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		Date Incorporated or Qualified 1001/1005	3a. Date of Last			
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MATTHEWS, EDSEL F., JR. 308 SOUTH JEFFERSON ST C/O MATTHEWS, RED & BELL, P.A. PENSACOLA FL 32501 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered office dramler with, and accept the obligations of, Section 617.0502 holds statutes, and accept the obligations of, Section 617.0502 holds statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. AND TRANSCHANGES TO CFFICERS AND DIRECTORS 1.1 TITLE PD WALL, LANCE ONE DAVIS BL/D., SUITE 410 15 STREET ADDRESS ONE DAVIS BL/D., SUITE 410 15 STREET ADDRESS OTH-S1-ZP TAMPA FL VWALIN, LAWRENCE 22 NAME SIREET ADDRESS OTH-S1-ZP ORLANDO FL 33 SIREET ADDRESS OTH-S1-ZP THLE ORLANDO FL 34 SCHEFT ADDRESS OTH-S1-ZP THLE ORLANDO FL 35 STREET ADDRESS OTH-S1-ZP THLE ORLANDO FL 36 STREET ADDRESS OTH-S1-ZP THLE ORLAND ST PETERSBURG FL 36 STREET ADDRESS OTH-S1-ZP THLE ORLETE 4 TITLE ORLETE 4 TITLE ORLETE 5 TITLE ORLANDO FL 33 SIREET ADDRESS OTH-S1-ZP THLE ORLETE 5 TITLE ORLETE ORLETE 5 TITLE ORLETE ORLETE ORLETE 5 TITLE ORLETE	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
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Signature Sign				the above-named c by the corporation's	corporations board o	on submits this statement for the purport directors. I hereby accept the appoir	ose of changing its rathent as registered	egistered office agent. I am	
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certify that the information indicated on this annual report or supplemental annual report is true 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR