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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11693**

1. Corporation Name
FLORIDA SOCIETY OF NEONATOLOGISTS, INC.

Principal Place of Business	Mailing Address
SHAHNAZ. DUARA. MD 1611 NW 12 AVE MIAMI FL 33136 US	UNIVERSITY OF MIAMI P O BOX 016960 R-131 MIAMI FL 33101 US

2. Principal Place of Business	2a. Mailing Address
21 SSP Meetings & Management	26 FSN, Inc.
Suite, Apt. #, etc. 22 6855 Wilson Blvd., Ste 12	Suite, Apt. #, etc. 27 P.O. Box 7040
City & State 23 Jacksonville, Florida	City & State 28 Jacksonville, FL
Zip / Country 24 32210 25 US	Zip / Country 29 32238 30 US

3. Date Incorporated or Qualifed: 10/21/1985

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

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

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

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: Wanda L. Callahan, CMP
82 Street Address (P.O. Box Number is Not Acceptable): 6855 Wilson Blvd., Suite 12
83: Jacksonville
84 City: **FL** 85 Zip Code: 32238

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: Wanda L. Callahan — 2-4-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAIRALLA, ANDREW 9820 SW 60TH AVE MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Tony Napolitano, M.D. 880 6th St. So., Suite 470 St. Petersburg, FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NAPOLITANO, TONY 880 6TH ST, SUITE 470 ST PETERSBURG FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Shahnaz Duara, M.D. 1611 NW 12th Ave., Rm 5005 Miami, FL 33136	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DUARA, SHAHNAZ 1611 NW 12TH AVENUE RM5005331 MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/T/D Andy Kairalla, M.D. 3100 SW 62nd Ave. Miami, FL 33155	☑ 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	MD Wanda Callahan 6855 Wilson Blvd., Ste. 12 Jacksonville FL 32210	☐ 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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 1/7/99 — 305 585-6408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #