2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90018 009 ****61.25

DOCUMENT # N11693

1. Entity Name

FLORIDA SOCIETY OF NEONATOLOGISTS, INC.

Principal Place of Business	Mailing Address
SSP MEETINGS & MANAGEMENT 6855 WILSON BLVD., STE. 12 JACKSONVILLE FL 32210 US	P.O. BOX 7040 JACKSONVILLE FL 32238-0040 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
MARK L. HUDAK, M.D.	DEPT. PEDIATRICS/DIV. NEONATOLOGY
Suite, Apt. #, etc.: 653-1 W. 8TH ST, LRC-3RD FL	Suite, Apt. #, etc.: 653-1 W. 8TH ST., LRC-3RD FL
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32209 Country: US	Zip: 32209 Country: US

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALLAHAN, WANDA L CMP 6855 WILSON BLVD., STE. 12 JACKSONVILLE FL 32238	Name: FAYE LONG Street Address (P.O. Box Number is Not Acceptable): 653-1 W. 8TH ST, LRC 3RD FLOOR City: JACKSONVILLE FL Zip Code: 32209

8. 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: Faye Long — Faye Long / Administrative Asst to Secretary-Treasurer — 4/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NAPOLITANO, TONY MD 880 6TH STREET SOUTH, STE. 470 ST. PETERSBURG FL	☑ Delete	PD SHAHNAZ DUARA, M.D. 1611 NW 12TH AVE., RM 5005 MIAMI, FL 33136	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KAIRALLA, ANDY MD 3100 S.W. 62ND AVENUE MIAMI FL 33155	☑ Delete	PD-ELECT KAIRALLA, ANDY, M.D. 3100 SW 62ND AVE. MIAMI, FL 33155	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUARA, SHAHNAZ 1611 NW 12TH AVENUE RM5005331 MIAMI FL 33136	☑ Delete	SECRETARY-TREASURER MARK L. HUDAK, M.D. 653-1 W. 8TH ST. JACKSONVILLE, FL 32209	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD CALLAHAN, WANDA 6855 WILSON BLVD., STE. 12 JACKSONVILLE FL 32210	☑ Delete	ANTHONY NAPOLITANO, M.D. IMMEDIATE PAST-PRESIDENT 880 6TH ST. S., SUITE 470 ST PETERSBURG, FL 33701	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark L. Hudak, M.D. MARK L. HUDAK, M.D. — 4-27-00 — 904-549-3053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #