2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N11693

1. Entity Name
FLORIDA SOCIETY OF NEONATOLOGISTS, INC.

Principal Place of Business	Mailing Address
MARK L. HUDAK, M.D. 653-1 W. 8TH ST. LRC -3RD FLR JACKSONVILLE, FL 32209 US	DEPT. PEDIATRICS/DIV. NEONATOLOGY 653-1 W. 8TH ST. LRC -3RD FLR JACKSONVILLE, FL 32209 US

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03152004 No Chg-NP CR2E037 (10/03)

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

LONG, FAYE
653-1 W. 8TH ST. LRC -3RD FLR
JACKSONVILLE, FL 32209

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000095667
03/24/04-80043-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUDAK, MARK L M.D.
STREET ADDRESS	653-1 WEST 8TH STREET, LRC-3
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	DPE
NAME	MCMAHAN, MICHAEL M.D.
STREET ADDRESS	92 WEST MILLER STREET
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	STD
NAME	MCMAHAN, MICHAEL MD
STREET ADDRESS	92 WEST MILLER ST
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	ED
NAME	LONG, FAYE
STREET ADDRESS	653-1 W 8TH STREET LRC-3
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	STD
NAME	VALDES, ERNESTO M.D.
STREET ADDRESS	7804 SW TERR.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 3/18/04 904-244-3053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #