

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 MARK L. HUDAK, M.D. 653-1 W. 8TH ST. LRC -3RD FLR JACKSONVILLE, FL 32209 US	Mailing Address 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
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5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LONG, FAYE 653-1 W. 8TH ST. LRC -3RD FLR JACKSONVILLE, FL 32209

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2004

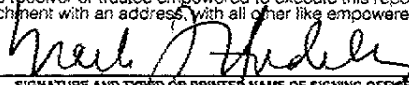
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000095667
03/24/04-80043-023 61.25

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04 **904-244-3053**
Date Daytime Phone #