


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90012 007 \*\*\*\*61.25

<b>DOCUMENT # N11693</b> 1. Entity Name <b>FLORIDA SOCIETY OF NEONATOLOGISTS, INC.</b>					
Principal Place of Business <b>MARK L. HUDAK, M.D.</b> <b>653-1 W. 8TH ST. LRC -3RD FLR</b> <b>JACKSONVILLE, FL 32209 US</b>			Mailing Address <b>DEPT. PEDIATRICS/DIV. NEONATOLOGY</b> <b>653-1 W. 8TH ST. LRC -3RD FLR</b> <b>JACKSONVILLE, FL 32209 US</b>		
2. Principal Place of Business <b>403 Tarpon Avenue</b> Suite, Apt. #, etc. <b>Unit 212</b>		3. Mailing Address <b>P. O. Box 16825</b> Suite, Apt. #, etc.			
City & State <b>Fernandina Beach, FL</b> Zip <b>32034</b>		City & State <b>Fernandina Beach, FL</b> Zip <b>32035</b>		4. FEI Number <b>59-2653813</b>	
Country <b>Nassau</b>		Country <b>Nassau</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LONG, FAYE</b> <b>653-1 W. 8TH ST. LRC -3RD FLR</b> <b>JACKSONVILLE, FL 32209</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>403 Tarpon Avenue</b> Unit 212 City <b>Fernandina Beach</b> <b>FL</b> Zip Code <b>32034</b>	
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 <u>Faye Long, Executive Director</u> <i>Faye Long</i> <u>1-26-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE PD NAME HUDAK, MARK L M.D. STREET ADDRESS 653-1 WEST 8TH STREET, LRC-3 CITY-ST-ZIP JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete		TITLE PD NAME Michael McMahan, M.D. STREET ADDRESS 92 West Miller Street CITY-ST-ZIP Orlando, FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DPE NAME MCMAHAN, MICHAEL M.D. STREET ADDRESS 92 WEST MILLER STREET CITY-ST-ZIP ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE DPE NAME Ernesto Valdes, M.D. STREET ADDRESS 1235 Mariola Court CITY-ST-ZIP Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME MCMAHAN, MICHAEL M.D. STREET ADDRESS 92 WEST MILLER ST CITY-ST-ZIP ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE STD NAME Robert D. Garrison, M.D. STREET ADDRESS 655 West 8th. Street CITY-ST-ZIP Jacksonville, FL 32209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ED NAME LONG, FAYE STREET ADDRESS 653-1 W 8TH STREET LRC-3 CITY-ST-ZIP JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME VALDES, ERNESTO M.D. STREET ADDRESS 7804 SW TERR. CITY-ST-ZIP MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete <i>Duplicate STD</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robert D. Garrison, M.D.</u> <i>Robert D Garrison</i> <u>244-3508</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					