2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

01-16-2007 90217 007 ****61.25

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DOCUMENT # N11693

1. Entity Name
FLORIDA SOCIETY OF NEONATOLOGISTS, INC.

Principal Place of Business
402 TARPON AVE
UNIT 212
FERNANDINA BEACH, FL 32034 US

Mailing Address
P.O. BOX 16825
FERNANDINA BEACH, FL 32035 US

01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # 653-1 W. 8th St.
Suite, Apt. #, etc.

3. Mailing Address No Change
Suite, Apt. #, etc.

City & State Jacksonville, Fl.
Zip 32209 Country Duval

City & State
Zip
Country

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
403 TARPON AVE
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent
Name
Street Address (P.O.B. Number is Not Acceptable)
City
Zip Code

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 Faye Long, Executive Director 1-8-07
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, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	HUDAK, MARK L M.D.		NAME	
STREET ADDRESS	653-1 WEST 8TH STREET, LRC-3		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCMAHAN, MICHAEL M.D.		NAME	
STREET ADDRESS	92 WEST MILLER STREET		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GARRISON, ROBERT D M.D		NAME	
STREET ADDRESS	555 WEST 8TH STREET		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP	
TITLE	ED	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LONG, FAYE		NAME	
STREET ADDRESS	653-1 W 8TH STREET LRC-3		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP	
TITLE	DPE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VALDES, ERNESTO		NAME	
STREET ADDRESS	1235 MARIOLA CT		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Robert D. Garrison, M.D. 01/08/07 904-244-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #