
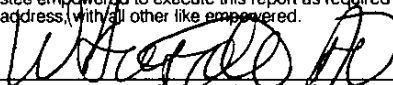


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90009 010 ****61.25

DOCUMENT # N11693 1. Entity Name FLORIDA SOCIETY OF NEONATOLOGISTS, INC.					
Principal Place of Business 653-1 W. 8TH ST. JACKSONVILLE, FL 32209 US			Mailing Address P.O. BOX 16825 FERNANDINA BEACH, FL 32035 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2653813	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 Joann Camacho Street Address (P.O. Box Number is Not Acceptable) 5534 Barrington Court City Jacksonville FL Zip Code 32244		
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 Joann Camacho <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Joann Camacho <small>(NOTE: Registered Agent signature required when reinstating)</small>		4-1-08 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCMAHAN, MICHAEL M.D. 92 WEST MILLER STREET ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Valdes, Ernesto 1235 Mariola CT Miami, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARRISON, ROBERT D M.D 555 WEST 8TH STREET JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Driscoll, William 820 Prudential Drive, Suite 210 Howard Bldg Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED LONG, FAYE 653-1 W 8TH STREET LRC-3 JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Camacho, Joann 5534 Barrington Court Jacksonville, FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPE VALDES, ERNESTO 1235 MARIOLA CT MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPE Garrison, Robert D., MD 820 Prudential Drive, Suite 210 Howard Bldg Jacksonville, FL 32207	<input checked="" 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	
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: 			4-1-08 904-393-4414 <small>Date Daytime Phone #</small>		