2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N11693

Entity Name: FLORIDA SOCIETY OF NEONATOLOGISTS, INC.

Current Principal Place of Business:

5534 BANNINGTON CT.
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

5534 BANNINGTON CT.
JACKSONVILLE, FL 32244 US

FEI Number: 59-2653813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMACHO, JOANN
55434 BARINGTON COURT
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ERNESTO, VALDES
Address: 1235 MARIOLA CT.
City-St-Zip: MIAMI, FL 33134

Title: STD ( ) Delete
Name: DRISCOLL, WILLIAM
Address: 820 PRUDENT DRIVE, SUITE 210
City-St-Zip: JACKSONVILLE, FL 32207

Title: ED ( ) Delete
Name: CAMACHO, JOANN
Address: 5534 BARRINGTON COURT
City-St-Zip: JACKSONVILLE, FL 32244

Title: DPE ( ) Delete
Name: GARRISON, ROBERT D MD
Address: 820 RUDENTIAL DRIVE, SUITE 210
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM DRISCOLL MD 03/04/2009
Electronic Signature of Signing Officer or Director Date