## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11693

FILED Feb 06, 2012 Secretary of State

Entity Name: FLORIDA SOCIETY OF NEONATOLOGISTS, INC.

Current Principal Place of Business: New Principal Place of Business:

7052 KING ARTHUR ROAD NORTH

JACKSONVILLE, FL 32211 US

SEQUENTIAL DRIVE
NEONATOLOGY, SUITE 210
JACKSONVILLE, FL 32207 US

Current Mailing Address: New Mailing Address:

7052 KING ARTHUR ROAD NORTH

JACKSONVILLE, FL 32211 US

SECONDARY SUITS SECONDARY SUITS SECONDARY SUITS SECONDARY SE

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTIN, VANESSA
7052 KING ARTHUR ROAD NORTH
JACKSONVILLE, FL 32211 US
DRISCOLL, WILLIAM DO
820 PRUDENTIAL DRIVE
NEONATOLOGY, SUITE 210
JACKSONVILLE, FL 32207 US

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: WILLIAM DRISCOLL 02/06/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: DRISCOLL, WILLIAM DO

Address: 820 PRUDENTIAL DR., NEONATOLOGY, SUITE 210

City-St-Zip: JACKSONVILLE, FL 32207

Title: VPE

 Name:
 STROMQUIST, CARINE MD

 Address:
 880 6TH STREET SOUTH, SUITE 470

 City-St-Zip:
 ST. PETERSBURG, FL 33701

Title: ST

Name: SUCHOMSKI, SANDRA MD

Address: 820 PRUDENTIAL DR., NEONATOLOGY, SUITE 210

City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM DRISCOLL P 02/06/2012