# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 24, 2003 8:00 am**
**Secretary of State**
02-24-2003 90159 012 ****61.25

DOCUMENT # N11693

1. Entity Name
FLORIDA SOCIETY OF NEONATOLOGISTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| MARK L. HUDAK. M.D.<br>653-1 W. 8TH ST. LRC -3RD FLR<br>JACKSONVILLE FL 32209<br>US | DEPT. PEDIATRICS/DIV. NEONATOLOGY<br>653-1 W. 8TH ST. LRC -3RD FLR<br>JACKSONVILLE FL 32209<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | 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 | 7. Name and Address of New Registered Agent |
|---|---|
| LONG, FAYE<br>653-1 W. 8TH ST. LRC -3RD FLR<br>JACKSONVILLE FL 32209 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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 Faye Long DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KAIRALLA, ANDREW MD<br>9820 SW 60TH ST<br>MIAMI FL 32173 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Mark L. Hudak, M.D.<br>653-1 West 8th Street, LRC-3<br>Jacksonville, Fl. 32209 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPE<br>HUDAK, MARK L MD<br>653-1 WEST 8TH STREET LRC-3<br>JACKSONVILLE FL 32209 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPE<br>Michael McMahan, M.D.<br>92 West Miller Street<br>Orlando, Fl. 32806 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>MCMAHAN, MICHAEL MD<br>92 WEST MILLER ST<br>ORLANDO FL 32806 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>Ernesto Valdes, M.D.<br>7804 SW Terr.<br>Miami, Fl. 33143 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ED<br>LONG, FAYE<br>653-1 W 8TH STREET LRC-3<br>JACKSONVILLE FL 32209 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Same | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** SIGNATURE REQUIRED Faye Long Exec. Director Faye Long 2/17/03 904-244-3053