

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90015 017 \*\*\*\*61.25

**DOCUMENT # N51246**

1. Entity Name

**FLORIDA NEONATAL PEDIATRIC TRANSPORT NETWORK  
ASSOCIATION, INC.**



Principal Place of Business

**6200 SW 73 STREET  
MIAMI FL 33143**

Mailing Address

**23400 SW 217 AVE  
HOMESTEAD FL 33031**

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

**59-3155363**

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

**BURKE, NANCY  
23400 SW 217 AVE  
HOMESTEAD FL 33031**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

*Nancy Burke*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/25/04*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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  
**P  
COWIE, COLLEEN  
6200 SW 73 STREET  
MIAMI FL 33143** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**(P)  
FERNANDEZ, MARIA  
8125 S.W. 102 AVENUE  
MIAMI FL 33173** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President Elect or "V"** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
COWIE, COLLEEN  
6200 S.W. 73 STREET  
MIAMI FL 33143** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
BURKE, NANCY  
23400 SW 217 AVE.  
HOMESTEAD FL 33031** ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:** *Nancy Burke (Nancy Burke)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/25/04* *786-662-8296*  
Date Daytime Phone #


*these corrections  
Previously sub-  
mitted as changes  
& fee paid - see  
attached*

*Now available in Powder*

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

Attachment

54012584

<b>DOCUMENT #</b> <b>N51246</b>			
<b>1. Entity Name</b> <b>FLORIDA NEONATAL PEDIATRIC TRANSPORT NETWORK ASSOCIATION, INC.</b>			
<b>Principal Place of Business</b> 801 6TH STREET SOUTH ST. PETERSBURG FL 33701		<b>Mailing Address</b> 8125 S.W. 102 AVENUE MIAMI FL 33173	
<b>2. Principal Place of Business</b> South Miami Hospital-Nick Suite, Apt. #, etc. 6200 SW 73 St		<b>3. Mailing Address</b> 23400 SW 217 Ave Suite, Apt. #, etc.	
<b>City &amp; State</b> Miami, FL 33143 <del>6200 SW 73 St</del>		<b>City &amp; State</b> Homestead, FL	
<b>Zip</b> 33143	<b>Country</b> USA	<b>Zip</b> 33031	<b>Country</b> USA
<b>4. FEI Number</b> 59-8155363		<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FERNANDEZ, MARIA 8125 S.W. 102 AVENUE MIAMI FL 33173		<b>7. Name and Address of New Registered Agent</b>  Name <u>Nancy Burke</u> Street Address (P.O. Box Number Is Not Acceptable) <u>23400 SW 217 Ave</u> <u>Homestead</u> City <u>FL</u> Zip Code <u>33031</u>	
<b>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.</b>			
<b>SIGNATURE</b> <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small> <b>DATE</b>	
<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PD <b>NAME</b> BOWEN, LOUISE <b>STREET ADDRESS</b> 801 6TH STREET, SOUTH DEPT. 7340 <b>CITY-ST-ZIP</b> ST. PETERSBURG FL 33701	<input checked="" type="checkbox"/> <b>Delete</b>	<b>TITLE</b> President <b>NAME</b> colleen cowie <b>STREET ADDRESS</b> 6200 SW 73 St <b>CITY-ST-ZIP</b> Miami, FL 33143	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> STD <b>NAME</b> FERNANDEZ, MARIA <b>STREET ADDRESS</b> 8125 S.W. 102 AVENUE <b>CITY-ST-ZIP</b> MIAMI FL 33173	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> President-elect <b>NAME</b> Maria Fernandez <b>STREET ADDRESS</b> 8125 SW 102 Ave <b>CITY-ST-ZIP</b> Miami, FL 33173	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> PD <b>NAME</b> COWIE, COLLEN <b>STREET ADDRESS</b> 6200 S.W. 73 STREET <b>CITY-ST-ZIP</b> MIAMI FL 33143	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> Secretary/Treasurer <b>NAME</b> Nancy Burke <b>STREET ADDRESS</b> 23400 SW 217 Ave <b>CITY-ST-ZIP</b> Homestead, FL 33031	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>

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] **10/22/03** **766-662-8296**  
**1/21/03** **666-6511 x3320**