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

SIGNATURE: March Bucke (Nancy Bucke)
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 27, 2004 8:00 am DOCUMENT # N51246 **Secretary of State** 1. Entity Name 02-27-2004 90015 017 \*\*\*\*61.25 FLORIDA NEONATAL PEDIATRIC TRANSPORT NETWORK ASSOCIATION, INC. Principal Place of Business Mailing Address 6200 SW 73 STREET MIAMI FL 33143 23400 SW 217 AVE HOMESTEAD FL 33031 **ヘエハTかりひみ** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-3155363 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURKE, NANCY Street Address (P.O. Box Number is Not Acceptable) 23400 SW 217 AVE HOMESTEAD FL 33031 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. 2125104 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change ☐ Addition COWIE, COLLEEN NAME NAME 6200 SW 73 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP President Elect ☐ Addition TITLE Delete TITLE FERNANDEZ, MARIA NAME NAME 8125 S.W. 102 AVENUE STREET ADDRESS STREET ADDRESS •Similac<sub>,</sub>® MIAMI FL 33173 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE se corrections COWIE, COLLEN NAME NAME Previously sub-6200 S.W. 73 STREET STREET ADDRESS STREET ADDRESS MIAM! FL 33143 CITY-ST-ZIP CITY-ST-ZIP mitted as changes of fee paid - see TITLE ] Change ☐ Addition TITE F ☐ Delete BURKE, NANCY NÁME NAME 23400 SW 217 AVE . STREET ADDRESS STREET ADDRESS HOMESTEAD FL 33031 CITY-ST-ZIP CITY-ST-ZIP attached TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete 1m F Now available in Pow NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

2003 HOT-FOR-PROFIT CORPORATION QUACLMENT

		<del></del>						
DOCUMENT # (N51246  1. Entity Name FLORIDA NEONATAL PEDIATRIC TRANSPORT NETWORK ASS ATION, INC.					54012584			
Principal Place of Bu siness 801 6TH STREET SOL TH ST. PETERSBURG FL 33701 MAIling Address 8125 8.W. 102 AVENUE MIAMI FL 33173								
2. Principal Place of Business South Miain: Hospital-Nicu 234 00 SW217 Ave					1 (Tabillat Est alliba liete (tau anaro am aran aran aran aran aran aran aran			
Suite, Apt. #, etc.  6 200 SIU 73 S+  Suite, Apt. #, etc.					CHECK HE			
City & State Milami, FC 33143		City & State Homestead, FL		4.	FEI Number <b>59-31553</b> 6	3	<del>                                      </del>	lied For Applicable
Zip 33 to	Country		Country	5.	Certificate of Status Desire	d 🛚	\$8.75 Addit Fee Required	lonal
	8. Vame and Address of Current	Registered Agent		7.	Name and Address of Ne	w Registered	Agent	
Name Nancy Burke								
FERNANDEZ, MARIA Street Address 6 8125 S.W. 102 AVENUE					ox Number is Not Accepta	able) Ave		
MIAMI FL 33173				Homestead				
Cit						FL	Zip Code - 330	31
	named entity submits this statement for one of registered agent.	the purpose of changing its regi	stered office or	registered a	gent, or both, in the State o	i Florida. I am	familiar with, a	nd accept
SIGNATURE Signature in the property of the state of the s								
		9. Election Campai Trust Fund Contr	ribution.	LJ Ádd	led to Fees		cini ii (21) }	
10.	OFFICERS AND DIF		11.		TIONS/CHANGES TO OFF	ICEHS AND D		
TITLE	PD CONTRACTOR	<b>⊠</b> Delete	TITLE	Presi	dent		Change	Addition
NAME	BOVEN, LOUISE		NAME	colle	en cowie			
STREET ADDRESS	801 87H STREET, SOUTH DEPT.	7340	STREET ADDRESS	3	SW 73 S+	_		
CITY-ST-ZIP	ST. PETERSBURG FL 33701		CITY-ST-ZIP	Mia	mi, FL 3314	-3		
TITLE	STD	Delete	TITLE	Presid	ient-elect		<b>Change</b>	Addition
NAME	FER JANDEZ, MARIA	i i	NAME	Maria	. Fernandez			
STREET ADDRESS	812: S.W. 102 AVENUE		STREET ADDRESS	8125	SW 102 Ave			
CITY-ST-ZIP	MIAI II FL 33173		CITY-ST-ZIP	Mia		173	برنين	
THILE	PD	☐ Delete	TITLE	Jecre	tary / treasu	rer	☐ Change	Addition
NAME	COVIE, COLLEN		NAME	Nana	1 Bucke	0		
STREET ADDRESS	620( S.W. 73 STREET		STREET ADDRESS	23400	NA FIG Wal			
CITY-ST-ZIP	MIAI II FL 33143		CITY-ST-ZIP	Home	stead, FL	33031	<del></del>	
TITLE	·	☐ Delete	TITLE				Change	Addition
NAME	į		NAME	ļ				÷ *
STREET ADDRESS			STREET ADDRESS	]	·n	្វែ	تستر دست	. • •
CITY-ST-ZIP			CITY-ST-ZIP	~ -		Alle Wite		
NAME	· ·	☐ Delete	TITLE	1 .	N		Change	Addition
STREET ADDRESS		1.5	NAME STREET ADDRESS	1 *	•			
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	7.5	Delete	TITLE	<del> </del>			Change	Addition
NAME ,	Facility of the Control of the Control	LOUGID Land LOUGID	NAME	1			, orango	
s 400RESS	)		STREET ADDRESS					
-ZIP			CITY-ST-ZIP					
I hereby	certify hat the information supplied with	n this filing does not qualify for the	e exemption sta	ted in Sectio	n 119.07(3)(i), Florida Stati	ites. I further c	ertify that the ir	formation

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: \_

60666511, x33320