
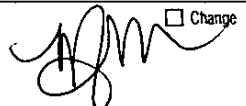


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N51246</b> 1. Entity Name <b>FLORIDA NEONATAL PEDIATRIC TRANSPORT NETWORK ASSOCIATION, INC.</b>						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">06 JUN -5 AM 9:00</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>6200 SW 73 STREET MIAMI, FL 33143</b>				Mailing Address <b>23400 SW 217 AVE HOMESTEAD, FL 33031</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-3155363</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>BURKE, NANCY 23400 SW 217 AVE HOMESTEAD, FL 33031</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 <u>Nancy Burke</u> <b>Nancy Burke RNC</b> <u>5/30/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COWIE, COLLEEN <input checked="" type="checkbox"/> Delete 6200 SW 73 ST. MIAMI, FL 33143			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>Patricia</del> Fernandez, Maria 8125 SW 102 Ave Miami, FL 33173		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERNANDEZ, MARIA <input checked="" type="checkbox"/> Delete 8125 S.W. 102 AVENUE MIAMI, FL 33173			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Burke, Nancy 23400 SW 217 Ave Homestead, FL 33031		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BURKE, NANCY <input checked="" type="checkbox"/> Delete 23400 SW 217 AVE. HOMESTEAD, FL 33031			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>Patricia</del> Cosden, Mary Jane 3757 DeLeon St. Fort Myers, FL 33901		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000077522800 07/14/06--01038--002 **26.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 04/17/06 01026 - 029 - \$35.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.							
<b>SIGNATURE:</b> <u>Nancy Burke</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>5/30/06</u> <small>Date</small>		<u>305-247-9880</u> <small>Daytime Phone #</small>	