


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N51246 1. Entity Name FLORIDA NEONATAL PEDIATRIC TRANSPORT NETWORK ASSOCIATION, INC.	
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Principal Place of Business 6200 SW 73 STREET MIAMI, FL 33143	Mailing Address 23400 SW 217 AVE HOMESTEAD, FL 33031
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3155363	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BURKE, NANCY 23400 SW 217 AVE HOMESTEAD, FL 33031

**DO NOT WRITE
IN THIS SPACE**

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 RNC <i>Nancy Burke</i>	11/9/07 DATE
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, MARIA 8125 SW 102 AVE. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURKE, NANCY 23400 SW 217 AVE. HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COSDEN, MARY J 3757 DE LEON ST. FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000588484
01/17/07-80075-004 61.25

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.		
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SIGNATURE: <i>Nancy Burke</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	11/9/07 <small>Date</small>	305 247 9880 <small>Daytime Phone #</small>
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