


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90013 006 \*\*\*\*61.25

<b>DOCUMENT # N51246</b> 1. Entity Name <b>FLORIDA NEONATAL PEDIATRIC TRANSPORT NETWORK ASSOCIATION, INC.</b>					
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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3155363</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <b>MARY JANE COSDEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3757 DE LEON ST.</b> City <b>FORT MYERS</b> FL Zip Code <b>33901</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. SIGNATURE <i>Mary Jane Cosden</i> <b>MARY JANE COSDEN</b> <b>4/2/08</b> <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 May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<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 <b>FERNANDEZ, MARIA</b> <b>8125 SW 102 AVE.</b> <b>MIAMI, FL 33173</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. <b>BURKE, NANCY</b> <b>23400 SW 217 AVE</b> <b>HOMESTEAD, FL 33031</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>BURKE, NANCY</b> <b>23400 SW 217 AVE.</b> <b>HOMESTEAD, FL 33031</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>BOWEN, LOUISE</b> <b>301 6th St. S Dept. 7340</b> <b>ST. PETERSBURG, FL 33701</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>COSDEN, MARY J</b> <b>3757 DE LEON ST.</b> <b>FORT MYERS, FL 33901</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>COSDEN, MARY JANE</b> <b>PO BOX 9368</b> <b>FORT MYERS, FL 33902</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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> <i>Mary Jane Cosden</i> <b>sec/treas.</b> <b>4/2/08</b> <b>239</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					