2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51246

FILED Apr 27, 2009 Secretary of State

Entity Name: FLORIDA NEONATAL PEDIATRIC TRANSPORT NETWORK ASSOCIATION, INC.

Name and Address of Current Registered Agent: CASDER, MARY J 3757 DELEON ST. FORT MYERS, FL 33901 US The above named entity submits this statement for the purpose of changing its registered office or regis in the State of Florida. SIGNATURE: JOANN DESERIO Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: P () Delete Title: P () Delete Title: () Change () Address: City-St-Zip: HOMESTEAD, FL 33031 City-St-Zip: Title: V () Delete Title: () Change () Address: City-St-Zip: SAINT PETERSBURG, FL 33701 City-St-Zip: Title: ST () Delete Name: Address: City-St-Zip: Title: ST () Delete ST Name: Address: City-St-Zip: Title: ST () Delete ST Name: Address: City-St-Zip: Title: ST () Change () Address: City-St-Zip:								
MIAMI, FL 33143 Current Mailing Address: New Mailing Address: 23400 SW 217 AVE HOMESTEAD, FL 33031 FEI Number: 59-3155363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASDER, MARY J 3757 DELEON ST. FORT MYERS, FL 33901 SIGNATURE: DESERIO, JOANN 1905 ROSELYN AVE BRADENTON, FL 34207 FINE BRADENTON, FL 34207 BRADENTON, F	urrent Prin	ncipal Place of	Business:	New Princ	New Principal Place of Business:			
Current Mailing Address: Description Name and Address of Current Registered Agent: Name and Address of Current Registered Agent: CASDER, MARY J 3757 DELEON ST. The above named entity submits this statement for the purpose of changing its registered office or regis in the State of Florida. SIGNATURE: JOANN DESERIO Electronic Signature of Registered Agent Description Electronic Signature of Registered Agent Address: City-St-Zip: HOMESTEAD, FL 3301 Title: V () Delete Name: BURK, NANCY Address: 23400 SW 217 AVE Name: BOWEN, LOUISE Name: COSDEN, MARY JANE Name: COSDEN, MARY JANE Name: COSDEN, MARY JANE Name: COSDEN, MARY JANE Name: Name: Address: City-St-Zip: FORT MYERS, FL 33902					MIAMI TRAIL			
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1905 ROSELYN AVE BRADENTON, FL 34207 US The above named entity submits this statement for the purpose of changing its registered office or regis in the State of Florida. SIGNATURE: JOANN DESERIO 04/27 Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: P () Delete Title: () Change () Address: 23400 SW 217 AVE Address: 23400 SW 217 AVE Address: City-St-Zip: HOMESTEAD, FL 33031 City-St-Zip: Title: V () Delete Title: () Change () Address: City-St-Zip: SAINT PETERS BURG, FL 33701 City-St-Zip: Title: ST () Delete Title: () Change () Address: City-St-Zip: SAINT PETERS BURG, FL 33701 City-St-Zip: Title: ST () Delete Title: () Change () Address: City-St-Zip: SAINT PETERS BURG, FL 33701 City-St-Zip: Title: () Change () Address: PO BOX 9368 Address: City-St-Zip: FORT MYERS, FL 33902 City-St-Zip:	ame and A	Address of Curr	ent Registered Agent:	Name and	Address of Nev	w Registered Age	nt:	
SIGNATURE: JOANN DESERIO 04/27	3757 DELEON ST.			1905 ROSE	1905 ROŚELYN AVE			
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICE Title: P () Delete Title: () Change () Address: 23400 SW 217 AVE Address: City-St-Zip: HOMESTEAD, FL 33031 Title: V () Delete Title: () Change () Address: City-St-Zip: SAINT PETERSBURG, FL 33701 Title: ST () Delete Title: () Change () Address: City-St-Zip: FORT MYERS, FL 33902 Title: ST () Delete Title: () Change () Address: City-St-Zip: FORT MYERS, FL 33902 Title: ST () Delete Title: () Change () Address: City-St-Zip: FORT MYERS, FL 33902			mits this statement for the p	urpose of changing it	s registered offic	ce or registered age	ent, or both,	
OFFICERS AND DIRECTORS: Title: P () Delete Title: () Change () Address: 23400 SW 217 AVE Address: Dity-St-Zip: HOMESTEAD, FL 33031 Title: V () Delete Title: () Change () Address: Oity-St-Zip: Title: () Change () Address: 801 6TH ST. S DEPT. 7340 City-St-Zip: SAINT PETERSBURG, FL 33701 Title: ST () Delete Title: () Change () Address: Oity-St-Zip: Title: () Change () Address: PO BOX 9368 Address: PO BOX 9368 City-St-Zip: FORT MYERS, FL 33902 ADDITIONS/CHANGES TO OFFICE Title: () Change () Address: Oity-St-Zip: () Change () Address: Oity-St-Zip: () Change () Address: Oity-St-Zip: () City-St-Zip: () City-St-Zip	GNATURE	E: JOANN DES	ERIO			04/27/2009		
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Name: DESERIO, JOANN Address: Address: 1905 ROSELYN AVE City-St-Zip: City-St-Zip: BRADENTON, FL 34207 US	ame: Idress:	()Del	ete	Name: Address:	DESERIO, JOANN 1905 ROSELYN A	VE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY JANE COSDEN ST 04/27/2009