

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.

Current Principal Place of Business:

6200 SW 73 STREET
MIAMI, FL 33143

New Principal Place of Business:

1700 S. TAMiami TRAIL
NICU
SARASOTA, FL 34239

Current Mailing Address:

23400 SW 217 AVE
HOMESTEAD, FL 33031

New Mailing Address:

1700 S. TAMiami TRAIL
NICU
SARASOTA, FL 342

FEI Number: 59-3155363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASDER, MARY J
3757 DELEON ST.
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

DESERIO, JOANN
1905 ROSELYN AVE
BRADENTON, FL 34207 US

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.

SIGNATURE: JOANN DESERIO

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURK, NANCY
Address: 23400 SW 217 AVE
City-St-Zip: HOMESTEAD, FL 33031

Title: V () Delete
Name: BOWEN, LOUISE
Address: 801 6TH ST. S DEPT. 7340
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: ST () Delete
Name: COSDEN, MARY JANE
Address: PO BOX 9368
City-St-Zip: FORT MYERS, FL 33902

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Change (X) Addition
Name: DESERIO, JOANN
Address: 1905 ROSELYN AVE
City-St-Zip: BRADENTON, FL 34207 US

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

Electronic Signature of Signing Officer or Director

Date