2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2010
Secretary of State

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Entity Name: ASSOCIATES IN NEONATOLOGY, P.A.

Current Principal Place of Business:

9981 S. HEALTHPARK DR.
SUITE 281
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

9981 S. HEALTHPARK DR.
SUITE 281
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 26-0460265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAANGAY, DEOGRACIAS L.
9981 S. HEALTHPARK DR.
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

LIU, WILLIAM F
9981 S. HEALTHPARK DR.
SUITE 281
FT. MYERS, FL 33908 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: WILLIAM F. LIU 02/03/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: LIU, WILLIAM F
Address: 9981 S. HEALTHPARK DR., SUITE 281
City-St-Zip: FORT MYERS, FL 33908

Title: S/T
Name: SULTAN, SHAHID
Address: 9981 S. HEALTHPARK DR., SUITE 281
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: FAISAL, MOHAMED M
Address: 9981 S. HEALTHPARK DR., SUITE 281
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: CAANGAY, DEOGRACIAS L
Address: 9981 S. HEALTHPARK DR., SUITE 281
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM F. LIU P 02/03/2010
Electronic Signature of Signing Officer or Director Date