

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90018 019 ***150.00

DOCUMENT # P93000084748

1. Entity Name

NEONATAL QUALITY CARE, INC.



Principal Place of Business

7755 S.W. 87 AVENUE #130
MIAMI FL 33173
US

Mailing Address

7755 S.W. 87 AVENUE #130
MIAMI FL 33173
US



2. Principal Place of Business

3. Mailing Address

PO Box 56 6076

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

Miami, FL

4. FEI Number

65-0461397

Applied For

Not Applicable

Zip

Country

Zip

33256 6076

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITELL, BRUCE
9000 S.W. 87TH CT.
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE .. P ☐ Delete
NAME QUINTERO, LYDIA M
STREET ADDRESS 7755 S.W. 87 AVENUE #130
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME FORTUN, MARIA-CATALINA
STREET ADDRESS 7755 S.W. 87 AVENUE #130
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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.

SIGNATURE:

LYDIA M. QUINTERO, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #