FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000012369

1. Corporation Name
Brevard Neonatology Associates, P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
(See change of address) 508 Poinsettia Rd Melbourne, Fl 32951	

3. Date Incorporated or Qualified: Feb 14 1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 400 Normandy Drive	26 P.O. Box 1839
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Indialantic, Fl	28 Melbourne, Fl
24 Zip: 32903	29 Zip: 32902-1839
25 Country: USA	30 Country: USA

4. FEI Number: 593223727 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
• Julio Vallette Jr. 400 Normandy DRIVE • Indialantic, Fl 32903	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Julio Vallette, Jr., M.D. 4-24-95
*Signature, typed or printed name of registered agent and the date of application (NOTE: Registered Agent signature required electronically) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	11 TITLE	☐ Change ☐ Addition
NAME	Julio Vallette, Jr., M.D.	12 NAME	
STREET ADDRESS	40 Normandy Drive	13 STREET ADDRESS	
CITY ST ZIP	Indialantic, Fl 32903	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

DD 5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julio Vallette Jr 407-676-7243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Telephone Number