

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94-000012369**
 1. Entity Name
BREVARD NEONATOLOGY ASSOCIATES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90146 009 ***150.00

Principal Place of Business
1301 Concord Terrace
Sunrise, FL 33323

Mailing Address
POST OFFICE BOX 333007
PORT LAUDERDALE FL 33339-9007
1301 Concord Terrace
Sunrise, FL 33323

2. Principal Place of Business
1301 Concord Terrace
 Suite, Apt. #, etc.

3. Mailing Address
1301 Concord Terrace
 Suite, Apt. #, etc.

City & State
Sunrise, FL

Zip
33323

Country

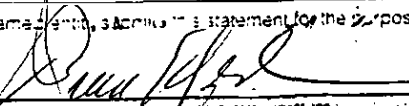
4. FEL Number
59-3223727

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
JULIO VALLETTE, JR., M.D.
1350 S. HICKORY ST.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent
 Name **BRUCE A. JORDAN**
 Street Address (P.O. Box Number is Not Acceptable)
1301 CONCORD TERRACE
 City **SUNRISE** **FL** **33323-2825**

8. The above named entity, according to a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida
 SIGNATURE  DATE **5/1/00**
 (NOTE: Registered Agent's signature required when re-stating)

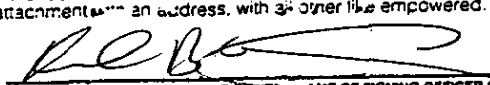
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)		
TITLE	President & Treasurer	☐ Delete	TITLE		☐ Change ☐ Add
NAME	Karl Wagner		NAME		
STREET ADDRESS	1301 Concord Terrace		STREET ADDRESS		
CITY-STATE-ZIP	Sunrise, FL 33323		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information stated 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 11 or Block 12 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4/26/00** (954) 384-0175
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR