2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000012369

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	Mailing Address
1301 Concord Terrace Sunrise, FL 33323	~~POST OFFICE BOX 33900T~~ ~~FORT LAUDERDALE FL 33339-9001~~ 1301 Concord Terrace Sunrise, FL 33323

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1301 Concord Terrace	1301 Concord Terrace
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Sunrise, FL	City & State: Sunrise, FL
Zip: 33323 Country	Zip: 33323 Country

4. FEI 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 Zip Code 33323-2825

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

SIGNATURE [signature] 5/1/00
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — Date

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
President & Treasurer Karl Wagner 1301 Concord Terrace Sunrise, FL 33323	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE: [signature] 4/26/00 (954) 384-0175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #