

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90409 045 ***150.00

DOCUMENT # P94000012369

1. Entity Name

BREVARD NEONATOLOGY ASSOCIATES, INC.

Principal Place of Business

**1301 CONCORD TERRACE
 SUNRISE FL 33323
 US**

Mailing Address

**1301 CONCORD TERRACE
 SUNRISE FL 33323
 US**

00029556



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3223727**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JORDAN, BRUCE A
 1301 CONCORD TERRACE
 SUNRISE FL 33323**

Name

Warren, Charlene

Street Address

1301 Concord Terr

City

Sunrise

FL

Zip

33323

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

Charlene Warren

3/12/01

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, 2001 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 **PD** ☒ Delete
 NAME **VALLETTE, JULIO J MD**
 STREET ADDRESS **1350 S. HICKORY STREET**
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **S** ☐ Change ☒ Addition
 NAME **Gillon, Brian T.**
 STREET ADDRESS **1301 Concord Terrace**
 CITY-ST-ZIP **Sunrise FL 33323**

TITLE **PT** ☐ Delete
 NAME **WAGNER, KARL**
 STREET ADDRESS **1301 CONCORD TERRACE**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **PTD** ☒ Change ☐ Addition
 NAME **Wagner, Karl**
 STREET ADDRESS **1301 Concord Terrace**
 CITY-ST-ZIP **Sunrise FL 33323**

TITLE **S** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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]

Karl Wagner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

954-384-0125 x5229

Daytime Phone #

CR2E034 (10/00)