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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000062941 (7)

1. Corporation Name
WEST COAST NEONATOLOGY, P.A.



Principal Place of Business
880 6TH STREET SOUTH
ST PETERSBURG FL 33701

Mailing Address
880 6TH STREET SOUTH
ST PETERSBURG FL 33701-4827

3. Date Incorporated or Qualified 08/25/1994	3a. Date of Last Report 04/04/1996
4. FEI Number 59-3268866	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	

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. P.O. Box 300
28. ST. PETERSBURG, FL
29. 33731
30. Country

9. Name and Address of Current Registered Agent

SOSA, ROBERTO A
880 6TH STREET SOUTH
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	1.1 TITLE	1.1 TITLE
NAME	1.2 NAME	1.2 NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS
CITY, ST, ZIP	1.4 CITY, ST, ZIP	1.4 CITY, ST, ZIP	1.4 CITY, ST, ZIP
TITLE	2.1 TITLE	2.1 TITLE	2.1 TITLE
NAME	2.2 NAME	2.2 NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS
CITY, ST, ZIP	2.4 CITY, ST, ZIP	2.4 CITY, ST, ZIP	2.4 CITY, ST, ZIP
TITLE	3.1 TITLE	3.1 TITLE	3.1 TITLE
NAME	3.2 NAME	3.2 NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS
CITY, ST, ZIP	3.4 CITY, ST, ZIP	3.4 CITY, ST, ZIP	3.4 CITY, ST, ZIP
TITLE	4.1 TITLE	4.1 TITLE	4.1 TITLE
NAME	4.2 NAME	4.2 NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS
CITY, ST, ZIP	4.4 CITY, ST, ZIP	4.4 CITY, ST, ZIP	4.4 CITY, ST, ZIP
TITLE	5.1 TITLE	5.1 TITLE	5.1 TITLE
NAME	5.2 NAME	5.2 NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS
CITY, ST, ZIP	5.4 CITY, ST, ZIP	5.4 CITY, ST, ZIP	5.4 CITY, ST, ZIP
TITLE	6.1 TITLE	6.1 TITLE	6.1 TITLE
NAME	6.2 NAME	6.2 NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS
CITY, ST, ZIP	6.4 CITY, ST, ZIP	6.4 CITY, ST, ZIP	6.4 CITY, ST, ZIP

14. I do 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 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: _____ DATE: 3-7-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Roberto Sosna
Daytime Phone: 813 842 4363

CR2E034 (9/96)