

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT #
1. Corporation Name

P96000034670

Neonatal Associates of Jacksonville, P.A.

Principal Place of Business

Mailing Address

St. Lukes Hospital
4205 Belfort Road, Suite 4090
Jacksonville, FL 32216

3. Date Incorporated or Qualified

3a. Date of Last Report

April 12, 1996

4. FEI Number

Applied For

59-3376837

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

2a. Mailing Address

21 4205 Belfort Road

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

22 Suite 4090

27 City & State

23 City & State

23 Jacksonville, FL

28 City & State

24 Zip Country

24 32216

25 US

29 Zip Country

29

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Michael J. Korn
6620 Southpoint Drive South, Suite 200
Jacksonville, FL 32216

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director ☐ DELETE
NAME Arthur J. Vaughn, M.D.
STREET ADDRESS 3931 Hill Terrace Drive
CITY-ST-ZIP Jacksonville, FL 32277

1.1 TITLE

☐ Change ☐ Addition

TITLE Director ☐ DELETE
NAME Ronald Carzoli, M.D.
STREET ADDRESS 148 Indian Hammock Lane
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

1.2 NAME

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

☐ Change ☐ Addition

2.3 STREET ADDRESS

☐ Change ☐ Addition

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

☐ Change ☐ Addition

3.3 STREET ADDRESS

☐ Change ☐ Addition

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

☐ Change ☐ Addition

4.3 STREET ADDRESS

☐ Change ☐ Addition

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

☐ Change ☐ Addition

5.3 STREET ADDRESS

☐ Change ☐ Addition

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

☐ Change ☐ Addition

6.3 STREET ADDRESS

☐ Change ☐ Addition

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

Ronald D. Carzoli, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

904-393-7910

Daytime Phone #

CR2E034 (9/96)