

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000034670

FILED
Apr 09, 2007
Secretary of State

Entity Name: NEONATAL ASSOCIATES OF JACKSONVILLE, P.A.

Current Principal Place of Business:

4205 BELFORT ROAD
SUITE 4090
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4205 BELFORT ROAD
SUITE 4090
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3376837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REZNICSEK, RICK ESQ
240 PONTE VEDRA BLVD
SUITE 150
PONTE VEDRA, FL 32082 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VDS () Delete
Name: VAUGHN, ARTHUR J MD
Address: 2054 RIVERSIDE AVE, #5410
City-St-Zip: JACKSONVILLE, FL 32204

Title: PDT () Delete
Name: CARZOLI, RONALD MD
Address: 1505 1ST STREET SOUTH, #401
City-St-Zip: JACKSONVILLE, FL 32250

Title: D () Delete
Name: SCHWARTZ, JONATHAN E
Address: 3740 SALT MEADOW CT. S
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD P CARZOLI, MD

PDT

04/09/2007

Electronic Signature of Signing Officer or Director

Date