

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000007472

1. Entity Name

P. & P. NEONATAL SERVICES, INC.

FILED

02 NOV 21 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500009352675  
12/04/02--01065--022 \*\*450.00

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2828 CORAL WAY

3. Mailing Address  
2828 CORAL WAY

Suite, Apt. #, etc.  
SUITE: 300

Suite, Apt. #, etc.  
SUITE: 300

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33145

Country

Zip  
33145

Country

4. FEI Number  
65-0817150

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOSE A. PALOMINO

Street Address (P.O. Box Number is Not Acceptable)

2828 CORAL WAY SUITE: 300

City MIAMI

FL

Zip Code  
33145

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

JOSE A. PALOMINO

(NOT L. Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
(D) JOSE A. PALOMINO  
2828 CORAL WAY SUITE: 300  
MIAMI, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
(D) EDGARDO B. PENABAD JR.  
2828 CORAL WAY SUITE: 300  
MIAMI, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE A. PALOMINO 11-20-02

Date

Daytime Phone #

CR200348 (12/01)

292

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002  
UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I  
HAVE CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I  
INCORPORATED AND IT'S LISTED IN THE ENCLOSED UBR FORM.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS  
ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY,



JOSE A. PALOMINO  
PRESIDENT