

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91795 048 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000007472

1. Entity Name
P. & P. NEONATAL SERVICES, INC.



Principal Place of Business
**2828 CORAL WAY
 STE 410
 MIAMI, FL 33145**

Mailing Address
**2828 CORAL WAY
 STE 410
 MIAMI, FL 33145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0817150**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PALOMINO, JOSE A
 2828 CORAL WAY
 STE 410
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title 7 applications

NOTE: Registered Agent Signature required when submitting

DATE

FILED NOW! FOR \$5.00

After May 1, 2003 Fee will be \$5.00

Name of Registered Agent is Palomino, Jose A.

9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
☒ Delete	D	PALOMINO, JOSE A	2828 CORAL WAY, STE 410 MIAMI, FL 33145	☐ Change ☐ Addition			
☐ Delete	D	PENABAD, EDGARDO B JR	2828 CORAL WAY, STE 410 MIAMI, FL 33145	☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			

CR2034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CAPTIONED FORM 8

4/25/03