

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000079013****1. Entity Name**

MILLENNIUM NEONATOLOGY ASSOCIATES, P.A.

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE #1004

COCONUT GROVE
33133

FL

Mailing Address

2665 SOUTH BAYSHORE DRIVE #1004

COCONUT GROVE
33133

FL

2. Principal Place of Business

2665 SOUTH BAYSHORE DRIVE

Suite, Apt. #, etc.
SUITE 1004City & State
COCONUT GROVE

FL

Zip
33133

Country

3. Mailing Address

2665 SOUTH BAYSHORE DRIVE

Suite, Apt. #, etc.
SUITE 1004City & State
COCONUT GROVE

FL

Zip
33133

Country

4. FEI Number

65-0974897

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.

417 E. VIRGINIA ST.

STE. 1

TALLAHASSEE

323011283

US

FL

7. Name and Address of New Registered Agent**Name**

CAPITAL CONNECTION, INC.

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

417 EAST VIRGINIA STREET

SUITE 1

City
TALLAHASSEE

FL

Zip Code
323011283**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

(NOTE: Registered Agent signature required when reinstating)

04/28/2000

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	<input type="checkbox"/> Delete

TITLE	D			<input type="checkbox"/> Delete
NAME	CHANDLER	BARRY	D.M.D.	
STREET ADDRESS	11750 SW 22ND COURT			
CITY-ST-ZIP	DAVIE	FL	33325	

TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

TITLE				<input type="checkbox"/> Delete
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STREET ADDRESS				
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STREET ADDRESS				
CITY-ST-ZIP				

TITLE				<input type="checkbox"/> Delete
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VPT	IPARRAGUIRRE	JOSE I			
	8915 NORTH KENDALL DRIVE, SUITE 203				
	MIAMI	FL	33176		

TITLE	PSD			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHANDLER	BARRY	D.M.D.		
STREET ADDRESS	11750 SW 22ND COURT				
CITY-ST-ZIP	DAVIE	FL	33325		

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS					
CITY-ST-ZIP					

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:** By: Barry Chandler, Pres

B/D: 04/28/2000