


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # V07264 1. Entity Name NEWBORN AND PEDIATRIC INTENSIVE CARE CONSULTANTS, P.A.	
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Principal Place of Business 1318 NORTH MONROE STREET SUITE E TALLAHASSEE, FL 32303 US	Mailing Address 1318 NORTH MONROE STREET SUITE E TALLAHASSEE, FL 32303 US
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04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3102600	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PIERCE, ROBERT A
 227 S CALHOUN ST
 TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PATTERSON, TODD A. 2700 CLINE ST TALLAHASSEE, FL 32308
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 04/20/05-80101-014 150.00

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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: Todd Patterson Date: 4/18/05 Daytime Phone #: (850) 222-4801