

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11693

Entity Name: FLORIDA SOCIETY OF NEONATOLOGISTS, INC.

Current Principal Place of Business:

820 PRUDENTIAL DRIVE
NEONATOLOGY, SUITE 210
JACKSONVILLE, FL 32207

Current Mailing Address:

820 PRUDENTIAL DRIVE
NEONATOLOGY, SUITE 210
JACKSONVILLE, FL 32207 US

FEI Number: 59-2653813

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DRISCOLL, WILLIAM DO
820 PRUDENTIAL DRIVE
NEONATOLOGY, SUITE 210
JACKSONVILLE, FL 32207 US

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

Officer/Director Detail :

Title P
Name DRISCOLL, WILLIAM DO
Address 820 PRUDENTIAL DR.,
NEONATOLOGY, SUITE 210
City-State-Zip: JACKSONVILLE FL 32207

Title VPE
Name STROMQUIST, CARINE MD
Address 880 6TH STREET SOUTH, SUITE 470
City-State-Zip: ST. PETERSBURG FL 33701

Title ST
Name SUCHOMSKI, SANDRA MD
Address 820 PRUDENTIAL DR.,
NEONATOLOGY, SUITE 210
City-State-Zip: JACKSONVILLE FL 32207

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM DRISCOLL

DO

03/23/2013

Electronic Signature of Signing Officer/Director Detail

Date