2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2014
Secretary of State
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Entity Name: FLORIDA SOCIETY OF NEONATOLOGISTS, INC.

Current Principal Place of Business:

601 FIFTH STREET SOUTH
5TH FLOOR
ST. PETERSBURG, FL 33701

Current Mailing Address:

601 FIFTH STREET SOUTH
5TH FLOOR
ST. PETERSBURG, FL 33701 US

FEI Number: 59-2653813

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STROMQUIST, CARINE MD
601 FIFTH STREET SOUTH
5TH FLOOR
ST. PETERSBURG, FL 33701 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: CARINE STROMQUIST MD 02/05/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VPE
Name	STROMQUIST, CARINE MD	Name	SUCHOMSKI, SANDRA MD
Address	601 FIFTH STREET SOUTH 5TH FLOOR	Address	820 PRUDENTIAL DRIVE NEONATOLOGY, SUITE 210
City-State-Zip:	ST. PETERSBURG FL 33701	City-State-Zip:	JACKSONVILLE FL 33207
Title	SECRETARY, TREASURER	Title	EXECUTIVE SECRETARY
Name	GERMAIN, AARON MD	Name	GROH, CATHERINE RN
Address	601 FIFTH STREET SOUTH 5TH FLOOR	Address	601 FIFTH STREET SOUTH 5TH FLOOR
City-State-Zip:	ST. PETERSBURG FL 33701	City-State-Zip:	ST. PETERSBURG FL 33701

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: CARINE STROMQUIST, MD PRESIDENT 02/05/2014

Electronic Signature of Signing Officer/Director Detail — Date