

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000012369

Entity Name: BREVARD NEONATOLOGY ASSOCIATES, INC.**Current Principal Place of Business:**1301 CONCORD TERRACE
SUNRISE, FL 33323**Current Mailing Address:**1301 CONCORD TERRACE
SUNRISE, FL 33323 US**FEI Number:** 59-3223727**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	SECRETARY
Name	LONGSWORTH, MEREDITH
Address	1301 CONCORD TERRACE
City-State-Zip:	SUNRISE FL 33323

Title	TREASURER
Name	ROSSI, KASANDRA
Address	1301 CONCORD TERRACE
City-State-Zip:	SUNRISE FL 33323

Title	PRESIDENT
Name	OLIVER, ALAN B.
Address	1301 CONCORD TERRACE
City-State-Zip:	SUNRISE FL 33323

Title	DIRECTOR
Name	OLIVER, ALAN B.
Address	1301 CONCORD TERRACE
City-State-Zip:	SUNRISE FL 33323

Title	SECRETARY
Name	ANDREANO, DOMINIC
Address	1301 CONCORD TERRACE
City-State-Zip:	SUNRISE FL 33323

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

SIGNATURE: DOMINIC ANDREANO**SECRETARY****04/21/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date