FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45114 (8)

1. Corporation Name

SOUTHEASTERN PRIVATE PRACTICE NEONATOLOGISTS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
300 N.W. 70TH AVENUE SUITE 100 PLANTATION FL 33317-2398	300 N.W. 70TH AVENUE SUITE 100 PLANTATION FL 33317-2398

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1991
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0283926 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIS, JAMES B. 2601 EAST OAKLAND PARK BLVD. SUITE 601 FT. LAUDERDALE FL 33306	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NEW Registered Agent's signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☒ Addition
NAME	BLALOCK, ALLEN M.D.	12 NAME	BLUBAUGH, ROBERT D., D.O.
STREET ADDRESS	1350 WALTON WAY	13 STREET ADDRESS	Rush Foundation Hospital
CITY ST ZIP	AUGUSTA GA	14 CITY ST ZIP	Meridian, MS 39301
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CHANDLER, BARRY M.D.	22 NAME	
STREET ADDRESS	300 N.W. 70TH AVE	23 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	DHANDE, VIJAY, M.D.	32 NAME	ELHASSANI, SAMI B., M.D.
STREET ADDRESS	200 HAWATHORNE LANE	33 STREET ADDRESS	Mary Black Memorial Hospital
CITY ST ZIP	CHARLOTTE NC	34 CITY ST ZIP	Spartanburg,SC 29303
TITLE	D	41 TITLE	D ☐ Change ☒ Addition
NAME	DWORSKY, MEYER, M.D.	42 NAME	YODER, CHARLES D., M.D.
STREET ADDRESS	P.O. BOX 2289 N/A	43 STREET ADDRESS	Memorial Mission Hospital
CITY ST ZIP	HUNTSVILLE AL	44 CITY ST ZIP	Ashville, NC 28801
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SOLOMON, KEN	52 NAME	
STREET ADDRESS	3030W. BUFFALO AVE.	53 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WELLS, DAVID H., M.D.	62 NAME	
STREET ADDRESS	701 GROVE ROAD	63 STREET ADDRESS	
CITY ST ZIP	GREENVILLE SC	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: _____ 4/24/95 305/514-7441
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR — Date — Daytime Phone Number

BARRY D. CHANDLER, MD

0048660