

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N45114 (8)

1. Corporation Name

SOUTHEASTERN PRIVATE PRACTICE NEONATOLOGISTS' ASSOCIATION, INC. N.C. 124-95  
SOUTHEASTERN ASSOCIATION OF NEONATOLOGISTS



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

3. Date Incorporated or Qualified  
09/12/1991

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business  
21 8551 W. Sunrise Blvd.

2a. Mailing Address  
26 8551 W. Sunrise Blvd.

4. FEI Number  
65-0283926

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 Suite 304

Suite, Apt. #, etc.  
27 Suite 304

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State  
23 Plantation, Florida

City & State  
28 Plantation, Florida

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country  
24 33322 USA

Zip Country  
29 33322 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

NOTE: Registered Agent Signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BLUBAUGH, ROBERT D. D  
STREET ADDRESS RUSH FOUNDATION HOSPITAL  
CITY-ST-ZIP MERIDIAN MS

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CHANDLER, BARRY M.D.  
STREET ADDRESS 300 N.W. 70TH AVE  
CITY-ST-ZIP PLANTATION FL

21 TITLE ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS 8551 W. Sunrise Blvd. #304  
24 CITY-ST-ZIP Plantation, Florida 33322

TITLE D ☐ DELETE  
NAME ELHASSANI, SAMI B. M  
STREET ADDRESS MARY BLACK MEMORIAL HOSPITAL  
CITY-ST-ZIP SPARTANBURG SC

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME YODER, CHARLES D. M  
STREET ADDRESS MEMORIAL MISSION HOSPITAL  
CITY-ST-ZIP ASHVILLE NC

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SOLOMON, KEN  
STREET ADDRESS 3030W. BUFFALO AVE.  
CITY-ST-ZIP TAMPA FL

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WELLS, DAVID H., M.D.  
STREET ADDRESS 701 GROVE ROAD  
CITY-ST-ZIP GREENVILLE SC

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
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)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

954-236-3200

327 NO

CR2E037 (12/95)