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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N45114** (8)

1. Corporation Name

SOUTHEASTERN ASSOCIATION OF NEONATOLOGISTS, INC.

Principal Place of Business	Mailing Address
8554 W. SUNRISE BLVD. SUITE 304 PLANTATION FL 33322	8554 W. SUNRISE BLVD. SUITE 304 PLANTATION FL 33322-4006

3. Date Incorporated or Qualified: 09/12/1991
3a. Date of Last Report: 03/27/1996

2. Principal Place of Business
21 4651 Sheridan St., Ste 400
Suite, Apt. #, etc.
22 Suite 400
City & State
23 Hollywood, Florida
Zip 24 33021 Country 25 USA

2a. Mailing Address
26 4651 Sheridan St., Ste 400
Suite, Apt. #, etc.
27 Suite 400
City & State
28 Hollywood, Florida
Zip 29 33021 Country 30 USA

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

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

9. Name and Address of Current Registered Agent

DAVIS, JAMES B.
2601 EAST OAKLAND PARK BLVD.
SUITE 601
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BLUBAUGH, ROBERT D. D		1.2 NAME	David H. Adamkin, M.D.	
STREET ADDRESS	RUSH FOUNDATION HOSPITAL		1.3 STREET ADDRESS	University of Louisville	
CITY-ST-ZIP	MERIDIAN MS		1.4 CITY-ST-ZIP	Louisville, Kentucky 40210	
TITLE	P	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	CHANDLER, BARRY M.D.		2.2 NAME	W, Allen Blalock, M.D.	
STREET ADDRESS	8551 W. SUNRISE BLVD.		2.3 STREET ADDRESS	University Hospital	
CITY-ST-ZIP	PLANTATION FL 33322		2.4 CITY-ST-ZIP	Augusta, Georgia 30909	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ELHASSANI, SAMI B. M		3.2 NAME	Meyer E.Dworsky,M.D.	
STREET ADDRESS	MARY BLACK MEMORIAL HOSPITAL		3.3 STREET ADDRESS	Huntsville Hospital	
CITY-ST-ZIP	SPARTANBURG SC		3.4 CITY-ST-ZIP	Huntsville, Alabama 35801	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YODER, CHARLES D. M		4.2 NAME		
STREET ADDRESS	MEMORIAL MISSION HOSPITAL		4.3 STREET ADDRESS		
CITY-ST-ZIP	ASHVILLE NC		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SOLOMON, KEN		5.2 NAME		
STREET ADDRESS	3030W. BUFFALO AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WELLS, DAVID H., M.D.		6.2 NAME		
STREET ADDRESS	701 GROVE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: [signature] 1/21/97 954-986-2524

CR2E037 (9/96)