

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N45114** (8)  
1. Corporation Name  
**SOUTHEASTERN ASSOCIATION OF NEONATOLOGISTS, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>4651 SHERIDAN ST<br/>STE 400<br/>HOLLYWOOD FL 33021<br/>US</b> | Mailing Address<br><b>4651 SHERIDAN ST.<br/>STE 400<br/>HOLLYWOOD FL 33021<br/>US</b> |
|--|---|

3. Date Incorporated or Qualified

**09/12/1991**

4. FEI Number

**65-0283926**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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 001  
FT. LAUDERDALE FL 33306**

81 Name

**BARRY D. CHANDLER, M.D.**

82 Street Address (P.O. Box Number is Not Acceptable)

**4651 SHERIDAN ST., STE. 400**

83

84 City

**HOLLY WOOD**

**FL**

85 Zip Code

**33021**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D  
DAVID H. ADAMKIN MD  
UNIVERSITY OF LOUISVILLE  
LOUISVILLE KY**

1.1 TITLE

☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**LOUISVILLE, KY**

TITLE ☐ DELETE

**D  
W, ALLEN BLALOCK M  
UNIVERSITY HOSPITAL  
AUGUSTA GA**

2.1 TITLE

☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**ROBERT BLUBAUGH  
NEONATAL SERVICES, LTD  
MERIDIAN, MS**

TITLE ☐ DELETE

**D  
MEYER E. DWORSKY MD  
HUNTSVILLE HOSPITAL  
HUNTSVILLE AL**

3.1 TITLE

☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**D  
BARRY CHANDLER  
SHERIDAN HEALTHCARE  
HOLLYWOOD, FL**

TITLE ☐ DELETE

**D  
YODER, CHARLES D. M  
MEMORIAL MISSION HOSPITAL  
ASHVILLE NC**

4.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

**D  
SOLOMON, KEN  
3030W. BUFFALO AVE.  
TAMPA FL**

5.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

**D  
WELLS, DAVID H., M.D.  
701 GROVE ROAD  
GREENVILLE SC**

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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]*

**BARRY D. CHANDLER, M.D. 4-1-98**

CR2E037 (10/97)