SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 10, 1999 8:00 am
Secretary of State
08-10-1999 90011 050 ****61.25

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DOCUMENT # N45114

1. Corporation Name

SOUTHEASTERN ASSOCIATION OF NEONATOLOGISTS, INC.

603334 - 90011 - 50

Principal Place of Business	Mailing Address
4651 SHERIDAN ST STE 400 HOLLYWOOD FL 33021 US	4651 SHERIDAN ST. STE 400 HOLLYWOOD FL 33021 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/12/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0283926 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHANDLER, BARRY D 4651 SHERIDAN ST SUITE 400 ~~SUITE 400~~ SUITE 400 HOLLYWOOD FL 33021	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 SUITE 400 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 B.D. Chandler 7/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVID H. ADAMKIN MD		1.2 NAME		
STREET ADDRESS	UNIVERSITY OF LOUISVILLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BLUBAUCH, ROBERT		2.2 NAME		
STREET ADDRESS	NCOMATAL SERVICES LTD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MERIDIAN MS		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	PRESIDENT	☐ ~~Change~~ ☑ Addition
NAME	CHANDLER, BARRY		3.2 NAME		
STREET ADDRESS	SHERIDAN HEALTHCORP		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP		
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		

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: B.D. Chandler SIGNATURE REQUIRED 7/7/99 954-986-7524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #