

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90063 049 \*\*\*\*\*61.25

**DOCUMENT # N45114**

1. Entity Name

**SOUTHEASTERN ASSOCIATION OF NEONATOLOGISTS, INC.**

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

3. Mailing Address

Sheridan Children's Healthcare Services  
 Sawgrass Technology Center  
 613 N. Harrison Parkway, Suite 200  
 Sunrise, Florida 33323

Sheridan Children's Healthcare Services  
 Sawgrass Technology Center  
 1613 N. Harrison Parkway, Suite 200  
 Sunrise, Florida 33323

00043334



DO NOT WRITE IN THIS SPACE

FEI Number

65-0283926

Applied For

Not Applicable

Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANDLER, BARRY D  
 4651 SHERIDAN ST SUITE 400  
 SUITE 400  
 HOLLYWOOD FL 33021

NOTE  
 ADDRESS  
 CHANGE

Name

Street Address

City

Sheridan Children's Healthcare Services  
 Sawgrass Technology Center  
 1613 N. Harrison Parkway, Suite 200  
 Sunrise, Florida 33323

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

*Barry D. Chandler*

**Barry D. Chandler, M.D.**

2.9.01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

☐ \$5.00 May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 DAVID H. ADAMKIN MD  
 UNIVERSITY OF LOUISVILLE  
 LOUISVILLE KY ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 BLUBAUGH, ROBERT  
 NEONATAL SERVICES LTD  
 MERIDIAN MS ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 P  
 CHANDLER, BARRY  
 SHERIDAN HEALTHCORP  
 HOLLYWOOD FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Sheridan Children's Healthcare Services  
 Sawgrass Technology Center  
 1613 N. Harrison Parkway, Suite 200  
 Sunrise, Florida 33323 ☒ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Barry D. Chandler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.9.01

Date

954-838-2628

Daytime Phone #

CR2E037 (10/00)