2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
02-25-2002 90088 008 ****61.25

DOCUMENT # N45114

1. Entity Name

SOUTHEASTERN ASSOCIATION OF NEONATOLOGISTS, INC.

Principal Place of Business	Mailing Address
SHERIDAN CHILDREN'S HEALTHCARE SERVICES 1613 N HARRISON PKWY. STE. 200 SUNRISE FL 33323 US	SHERIDAN CHILDREN'S HEALTHCARE SERVICES 1613 N HARRISON PKWY. STE. 200 SUNRISE FL 33323 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0283926 ☐ Applied For ☐ Not Applicable

5. 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 SHERIDAN CHILDREN'S HEALTHCARE SERVICES 1613 N. HARRISON PKWY, STE 200 SUNRISE FL 33323	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
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 1613 HARRISON PKWY, STE 200 SUNRISE FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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

CR2E037 (9/01)

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: SIGNATURE REQUIRED 1/10/02 954-838-2628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #