


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

| | |
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| 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 |



01132005 No Chg-NP CR2E037 (10/03)

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| | |
|---|--|
| 4. FEI Number 65-0283926 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|
| 6. Name and Address of Current Registered Agent |
| CHANDLER, BARRY D MD SHERIDAN CHILDREN'S HEALTHCARE SERVICES 1613 N. HARRISON PKWY, STE 200 SUNRISE, FL 33323 |

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

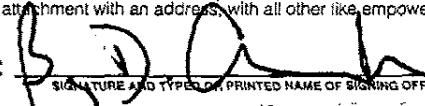
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVID H. ADAMKIN MD UNIVERSITY OF LOUISVILLE LOUISVILLE, KY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLUBAUGH, ROBERT NEONATAL SERVICES LTD MERIDIAN, MS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CHANDLER, BARRY 1613 HARRISON PKWY, STE 200 SUNRISE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YODER, CHARLES D. M MEMORIAL MISSION HOSPITAL ASHVILLE, NC |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOLOMON, KEN 3030W. BUFFALO AVE. TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WELLS, DAVID H., M.D. 701 GROVE ROAD GREENVILLE, SC |

U000000200205
01/28/05-80018-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1/19/05** **351-258-2628**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone