
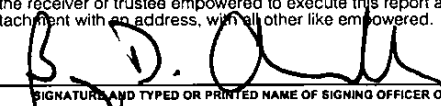


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90089 050 ****61.25

DOCUMENT # N45114 1. Entity Name SOUTHEASTERN ASSOCIATION OF NEONATOLOGISTS, INC.					
Principal Place of Business SHERIDAN CHILDREN'S HEALTHCARE SERVICES 1613 N HARRISON PKWY, STE. 200 SUNRISE, FL 33323 US			Mailing Address SHERIDAN CHILDREN'S HEALTHCARE SERVICES 1613 N HARRISON PKWY, STE. 200 SUNRISE, FL 33323 US		
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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAVID H. ADAMKIN MD		NAME	MEYER DWORSKY MD	
STREET ADDRESS	UNIVERSITY OF LOUISVILLE		STREET ADDRESS	HUNTSVILLE NEONATOLOGY	
CITY-ST-ZIP	LOUISVILLE, KY		CITY-ST-ZIP	HUNTSVILLE, AL	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLUBAUGH, ROBERT		NAME		
STREET ADDRESS	NEONATAL SERVICES LTD		STREET ADDRESS		
CITY-ST-ZIP	MERIDIAN, MS		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHANDLER, BARRY		NAME		
STREET ADDRESS	1613 HARRISON PKWY, STE 200		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YODER, CHARLES D. M		NAME		
STREET ADDRESS	MEMORIAL MISSION HOSPITAL		STREET ADDRESS		
CITY-ST-ZIP	ASHVILLE, NC		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLOMON, KEN		NAME		
STREET ADDRESS	3030W. BUFFALO AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELLS, DAVID H., M.D.		NAME		
STREET ADDRESS	701 GROVE ROAD		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE, SC		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			2-28-06 954-646-8943		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		