

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45114

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: SOUTHEASTERN ASSOCIATION OF NEONATOLOGISTS, INC.

## Current Principal Place of Business:

SHERIDAN CHILDREN'S HEALTHCARE SERVICES  
1613 N HARRISON PKWY, STE. 200  
SUNRISE, FL 33323 US

## New Principal Place of Business:

C/OSHERIDAN CHILDREN'S HEALTHCARE SERVICES  
1613 N HARRISON PKWY, STE. 200  
SUNRISE, FL 33323 US

## Current Mailing Address:

SHERIDAN CHILDREN'S HEALTHCARE SERVICES  
1613 N HARRISON PKWY, STE. 200  
SUNRISE, FL 33323 US

## New Mailing Address:

C/OSHERIDAN CHILDREN'S HEALTHCARE SERVICES  
1613 N HARRISON PKWY, STE. 200  
SUNRISE, FL 33323 US

FEI Number: 65-0283926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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 US

## Name and Address of New Registered Agent:

CHANDLER, BARRY D MD  
C/OSHERIDAN CHILDREN'S HEALTHCARE SERVICES  
1613 N. HARRISON PKWY, STE 200  
SUNRISE, FL 33323 US

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:

01/10/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DAVID H. ADAMKIN MD,  
Address: UNIVERSITY OF LOUISVILLE  
City-St-Zip: LOUISVILLE, KY

Title: D ( ) Delete  
Name: BLUBAUGH, ROBERT  
Address: NEONATAL SERVICES LTD  
City-St-Zip: MERIDIAN, MS

Title: P ( ) Delete  
Name: CHANDLER, BARRY  
Address: 1613 HARRISON PKWY, STE 200  
City-St-Zip: SUNRISE, FL 33323

Title: D ( ) Delete  
Name: YODER, CHARLES D. M  
Address: MEMORIAL MISSION HOSPITAL  
City-St-Zip: ASHVILLE, NC

Title: D ( ) Delete  
Name: SOLOMON, KEN,  
Address: 3030W. BUFFALO AVE.  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: WELLS, DAVID H., M.D., .  
Address: 701 GROVE ROAD  
City-St-Zip: GREENVILLE, SC

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY D. CHANDLER

P

01/10/2007

Electronic Signature of Signing Officer or Director

Date