

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45114

FILED
Apr 17, 2008
Secretary of State

Entity Name: SOUTHEASTERN ASSOCIATION OF NEONATOLOGISTS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

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: _____

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: D (X) Change () Addition
Name: MOYA, FERNANDO
Address: 2131 SOUTH 17TH STREET
City-St-Zip: WILMINGTON, NC 28402

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 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

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04/17/2008

Electronic Signature of Signing Officer or Director

Date