

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45114

FILED  
Feb 23, 2011  
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  
**Name:** DAVID H. ADAMKIN MD  
**Address:** UNIVERSITY OF LOUISVILLE  
**City-St-Zip:** LOUISVILLE, KY

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

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

**Title:** D  
**Name:** MOYA, FERNANDO  
**Address:** 2131 SOUTH 17TH STREET  
**City-St-Zip:** WILMINGTON, NC 28402

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** BARRY D. CHANDLER

P

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date