

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45114

Entity Name: SOUTHEASTERN ASSOCIATION OF NEONATOLOGISTS, INC.**FILED**
Apr 07, 2014
Secretary of State
CC9291023563**Current Principal Place of Business:**C/OSHERIDAN CHILDREN'S HEALTHCARE SERVICES
1613 N HARRISON PKWY, STE. 200
SUNRISE, FL 33323**Current Mailing Address:**C/OSHERIDAN CHILDREN'S HEALTHCARE SERVICES
1613 N HARRISON PKWY, STE. 200
SUNRISE, FL 33323 US**FEI Number:** 65-0283926**Certificate of Status Desired:** No**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*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**Officer/Director Detail :**

Title	PRESIDENT
Name	ADAMKIN, DAVID H
Address	UNIVERSITY OF LOUISVILLE
City-State-Zip:	LOUISVILLE KY 40207

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

Title	CEO
Name	CHANDLER, BARRY
Address	1613 HARRISON PKWY, STE 200
City-State-Zip:	SUNRISE FL 33323

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

Title	D
Name	SOLIZ, FLAVIO A
Address	1613 N. HARRISON PARKWAY SUITE 200
City-State-Zip:	TAMPA FL 33323

Title	D
Name	WELLS, DAVID H
Address	701 GROVE ROAD
City-State-Zip:	GREENVILLE SC

Title	DIRECTOR
Name	REYNOLDS, ERIC
Address	NEONATAL INTENSIVE CARE EXPERTS 4021 DUTCHMAN'S LANE SUITE 301
City-State-Zip:	LOUISVILLE KY 40207

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**EXECUTIVE DIRECTOR****04/07/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date