

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45114

Entity Name: SOUTHEASTERN ASSOCIATION OF NEONATOLOGISTS, INC.**FILED**
Mar 05, 2020
Secretary of State
5916546277CC**Current Principal Place of Business:**C/O BARRY D. CHANDLER, MD
10080 150TH COURT NORTH
JUPITER, FL 33478**Current Mailing Address:**C/O BARRY D. CHANDLER, MD
10080 150TH COURT NORTH
JUPITER, FL 33478 US**FEI Number:** 65-0283926**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHANDLER, BARRY D MD
C/O BARRY D. CHANDLER, MD
10080 150TH COURT NORTH
JUPITER, FL 33478 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 EXECUTIVE DIRECTOR
Name CHANDLER, BARRY
Address 10080 150TH COURT NORTH
City-State-Zip: JUPITER FL 33478

Title DIRECTOR
Name MORRIS, LEE
Address 2324 PANSY ST.
City-State-Zip: HUNTSVILLE AL 35801

Title DIRECTOR
Name BOYD, ROLAND
Address 1730 14TH ST.
 SUITE C
City-State-Zip: MERIDIAN MS 39301

Title DIRECTOR
Name ST. GERMAIN, AARON
Address 601 5TH ST.
 SUITE 5
City-State-Zip: ST. PETERSBURG FL 33701

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

Title DIRECTOR
Name AMBROISE-THIGPEN, MARIE
Address 4420 LAKE BOONE TRAIL
City-State-Zip: RALEIGH NC 27607

Title DIRECTOR
Name FERRY, JENELLE DR.
Address 4816 W BEACHWAY DRIVE
City-State-Zip: TAMPA FL 33609

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 DAVID CHANDLER, MD**EXECUTIVE DIRECTOR****03/05/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date