2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V71221

Entity Name: SOUTHEAST PERINATAL ASSOCIATES, INC.

FILED
Apr 24, 2015
Secretary of State
CC6721565548

Current Principal Place of Business:

2235 NORTH COMMERCE PARKWAY BUILDING 5, SUITE 2 WESTON, FL 33326

Current Mailing Address:

1613 NORTH HARRISON PARKWAY SUITE 200 SUNRISE, FL 33323 US

FEI Number: 65-0363303 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCUS, JILLIAN 1613 NORTH HARRISON PARKWAY SUITE 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: JILLIAN MARCUS 04/24/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title CEOD

Name RODRIGUEZ, JAIME J Name GULMI, CLAIRE

Address 2235 NORTH COMMERCE PKWY, Address 1613 NORTH HARRISON PARKWAY,

BLDG 5, SUITE 2 SUITE 200

City-State-Zip: WESTON FL 33328 City-State-Zip: SUNRISE FL 33323

Title VP, S Title PD

Name MARCUS, JILLIAN Name COWARD, ROBERT

Address 1613 NORTH HARRISON PARKWAY, Address 1613 NORTH HARRISON PARKWAY,

SUITE 200 SUITE 200

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title VP, T Title AS

Name EASTRIDGE, KEVIN Name SANTARONE, STACY

Address 1613 NORTH HARRISON PARKWAY, Address 1613 NORTH HARRISON PARKWAY

SUITE 200 SUITE 200

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.