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FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600390 (9)

1. Corporation Name

SOUTHEASTERN UROLOGICAL CENTER, P.A.

Principal Place of Business

1207 HODGES DR
TALLAHASSEE FL 32308
US

Mailing Address

1315 HODGES DR
TALLAHASSEE FL 32308
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1968

4. FEI Number

59-1213296

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

PROCTOR, H. PALMER
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST
NAME CAMPS, JOSEPH L M.D.
STREET ADDRESS 1315 HODGES DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D
NAME MILES, DAVID D M.D.
STREET ADDRESS 1207 HODGES DR
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D
NAME POTTS, WILLIAM E M.D.
STREET ADDRESS 1207 HODGES DR
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DP
NAME ROLLINS, RALEIGH W M.D.
STREET ADDRESS 1207 HODGES DR
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DV
NAME SAWYER, W. PAUL M.D.
STREET ADDRESS 1207 HODGES DR
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DV
NAME SPRINGER, JAMES C M.D.
STREET ADDRESS 1315 HODGES DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME David D. Miles
1.3 STREET ADDRESS 1207 Hodges Drive
1.4 CITY-ST-ZIP Tallahassee FL 32308

2.1 TITLE D
2.2 NAME Scott B. Sellinger
2.3 STREET ADDRESS 1207 Hodges Drive
2.4 CITY-ST-ZIP Tallahassee FL 32308

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

2/18/98

CR2E034 (10/97)