

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	<b>1315 Hodges Dr.</b>	<b>06/27/1968</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				<b>59-1213296</b>	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		<b>Tallahassee FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23. Zip	Country	28. Zip	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29	<b>32308</b>	30	<b>US</b>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PROCTOR, H. PALMER 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32301</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAMPS, JOSEPH L M.D.</b>	1.2 NAME	<b>David D. Miles</b>
STREET ADDRESS	<b>1315 HODGES DRIVE</b>	1.3 STREET ADDRESS	<b>1207 Hodges Drive</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	1.4 CITY-ST-ZIP	<b>Tallahassee FL 32308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILES, DAVID D M.D.</b>	2.2 NAME	<b>Scott B. Sellinger</b>
STREET ADDRESS	<b>1207 HODGES DR</b>	2.3 STREET ADDRESS	<b>1207 Hodges Drive</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	2.4 CITY-ST-ZIP	<b>Tallahassee FL 32308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTTS, WILLIAM E M.D.</b>	3.2 NAME	
STREET ADDRESS	<b>1207 HODGES DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROLLINS, RALEIGH W M.D.</b>	4.2 NAME	
STREET ADDRESS	<b>1207 HODGES DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAWYER, W. PAUL M.D.</b>	5.2 NAME	
STREET ADDRESS	<b>1207 HODGES DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPRINGER, JAMES C M.D.</b>	6.2 NAME	
STREET ADDRESS	<b>1315 HODGES DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	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)