

FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **757839** (6)
1. Corporation Name
SOUTHEAST COMMUNITY HEALTH SERVICES, INC.



Principal Place of Business Mailing Address
MAGNOLIA DR. AND MICCOSUKEE ROAD
TALLAHASSEE FL 32308
1221 HODGES DRIVE
TALLAHASSEE FL 32308
US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified **05/05/1981** 3a. Date of Last Report **05/01/1995**
4. FEI Number **58-1434992** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUCHANAN, JOHN D, JR
118 SO MONROE ST
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name **Judy Davis, Risk Manager**
82 Street Address (P.O. Box Number is Not Acceptable) **TMRMC**
1300 Miccosukee Road
83
84 City **Tallahassee** FL 85 Zip Code **32308**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE
NAME **CPD**
STREET ADDRESS **MOORE, DUNCAN See Attached For**
CITY-ST-ZIP **1300 MICCOSUKEE RD Additional**
TALLAHASSEE FL Directors
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LEWIS, GEORGE N. M**
CITY-ST-ZIP **5300 BRADFORDVILLE RD.**
TALLAHASSEE FL
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PROCTOR, H. PALMER**
CITY-ST-ZIP **227 S. CALHOUN ST.**
TALLAHASSEE FL
TITLE ☐ DELETE
NAME **VCD**
STREET ADDRESS **WILLIAMS, JERRY L**
CITY-ST-ZIP **2802 THOMASVILLE RD**
TALLAHASSEE, FL 0
TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HUMPHRESS, JOHN**
CITY-ST-ZIP **1040 EAST PARK AVENUE**
TALLAHASSEE FL
TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **NOBLIN, MILLARD J.**
CITY-ST-ZIP **1300 METROPOLITAN BLVD**
TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Duncan Moore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904/681-5238

Date

Daytime Phone #

CR2E037 (12/95)

4-22-96

JR

SOUTHEAST COMMUNITY HEALTH SERVICES, INC.

Officers and Directors, Continued:

D Pichard, J Brent
 2051 Thomasville Rd
 Tallahassee, FL 32312

D Smith, William G, Jr.
 217 N Monroe St
 Tallahassee, FL 32301