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FILED
Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
 1. Corporation Name

757839

SOUTHEAST COMMUNITY HEALTH SERVICES, INC.

Principal Place of Business 1309 THOMASVILLE ROAD TALLAHASSEE, FL 32308	Mailing Address 1401 CENTERVILLE ROAD, SUITE 210 TALLAHASSEE, FL 32308
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3. Date Incorporated or Qualified 05/05/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 58-1434992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

JUDY DAVIS, RISK MANAGER, TMRMC
1300 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CPD <input type="checkbox"/> DELETE
NAME	MOORE, DUNCAN See Attached For
STREET ADDRESS	1300 MICCOSUKEE RD Additional
CITY-ST-ZIP	TALLAHASSEE, FL Directors
TITLE	D <input type="checkbox"/> DELETE
NAME	LEWIS, GEORGE N.M.
STREET ADDRESS	5300 BRADFORDVILLE RD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PROCTOR, H. PALMER
STREET ADDRESS	227 S. CALHOUN ST
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VCD <input type="checkbox"/> DELETE
NAME	WILLIAMS, JERRY L.
STREET ADDRESS	2602 THOMASVILLE RD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HUMPHRESS, JOHN
STREET ADDRESS	1040 EAST PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	NOBLIN, MILLARD J.
STREET ADDRESS	1300 METROPOLITAN BLVD
CITY-ST-ZIP	TALLAHASSEE, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

DW
4-22-97

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14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **4-14-97** **681-5238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/96)

SOUTHEAST COMMUNITY HEALTH SERVICES, INC.

Officers and Directors, Continued:

D

PICHARD, J. BRENT
2051 THOMASVILLE RD
TALLAHASSEE, FL

D

SMITH, WILLIAM G., JR.
217 N MONROE ST
TALLAHASSEE, FL