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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

1309 THOMASVILLE ROAD
TALLAHASSEE FL 32308

1401 CENTERVILLE ROAD
SUITE 210
TALLAHASSEE FL 32308
US

3. Date Incorporated or Qualified

05/05/1981

4. FEI Number

58-1434992

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, JUDY
1300 MICCOSUKEE RD
TALLAHASSEE FL 32308

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD ☐ DELETE
NAME MOORE, DUNCAN
STREET ADDRESS 1309 MICCOSUKEE RD See Attached
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LEWIS, GEORGE N. M
STREET ADDRESS 5300 BRADFORDVILLE RD.
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PROCTOR, H. PALMER
STREET ADDRESS 227 S. CALHOUN ST.
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE VCD ☐ DELETE
NAME WILLIAMS, JERRY L
STREET ADDRESS 2802 THOMASVILLE RD
CITY-ST-ZIP TALLAHASSEE, FL 0

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

TITLE D ☐ DELETE
NAME HUMPHRESS, JOHN
STREET ADDRESS 1040 EAST PARK AVENUE
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE STD ☐ DELETE
NAME NOBLIN, MILLARD J.
STREET ADDRESS 1300 METROPOLITAN BLVD
CITY-ST-ZIP TALLAHASSEE FL

6.1 TITLE ☐ Change ☐ Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

3-9-98

681-5238

CR2E037 (10/97)

SOUTHEAST COMMUNITY HEALTH SERVICES, INC.

D Mr. Jerry L. Williams
2602 Thomasville Rd.
Tallahassee, FL 32312

CPD Mr. Duncan Moore
1300 Miccosukee Rd.
Tallahassee, FL 32308

D Mr. H. Palmer Proctor
227 South Calhoun St.
Tallahassee, FL 32301

D Mr. Jerry McDaniel
802 Hillcrest Ave.
Tallahassee, FL 32308

D Mr. J. Brent Pichard
2211 Ellicott Dr.
Tallahassee, FL 32312

D Mr. William G. Smith
1005 East Park Ave.
Tallahassee, FL 32301

D Mr. John K. Humphress
1040 East Park Ave.
Tallahassee, FL 32301

STD Mr. Millard Noblin
2810 Cline St.
Tallahassee, FL 32308

D George N. Lewis, M.D.
5300 Bradfordville Rd.
Tallahassee, FL 32308