

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90008 026 \*\*\*\*61.25

**DOCUMENT # 757839**

1. Corporation Name

**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  
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**05/05/1981**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**58-1434992**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D WILLIAMS, JERRY L**  
STREET ADDRESS **2608 THOMASVILLE RD**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ DELETE  
NAME **CPD MOORE, DUNCAN**  
STREET ADDRESS **1300 MICCOSUKEE RD**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE  
NAME **D PROCTOR, H PALMER**  
STREET ADDRESS **227 S CALHOUN ST**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ DELETE  
NAME **D MCDANIEL, JERRY**  
STREET ADDRESS **802 HILLCREST AVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE  
NAME **D PICHARD, BRENT**  
STREET ADDRESS **2211 ELICOTT DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ DELETE  
NAME **D SMITH, WILLIAM G**  
STREET ADDRESS **1005 E PARK AVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

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

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

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

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

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

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, with all other like empowered.

SIGNATURE: **Duncan Moore** 4-26-99 (850) 681-5238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)

546708-90008-26  
757839

**SOUTHEAST COMMUNITY HEALTH SERVICES, INC.**

**BOARD OF DIRECTORS**

VD Mr. Jerry L. Williams  
1300 Miccosukee Road  
Tallahassee, FL 32308

CD Mr. Duncan Moore  
1300 Miccosukee Road  
Tallahassee, FL 32308

D Mr. H. Palmer Proctor  
1300 Miccosukee Road  
Tallahassee, FL 32308

D Mr. Jerry McDaniel  
1300 Miccosukee Road  
Tallahassee, FL 32308

D Mr. J. Brent Pichard  
1300 Miccosukee Road  
Tallahassee, FL 32308

D Mr. William G. Smith  
1300 Miccosukee Road  
Tallahassee, FL 32308

D Mr. John K. Humphress  
1300 Miccosukee Road  
Tallahassee, FL 32308

STD Mr. Millard Noblin  
1300 Miccosukee Road  
Tallahassee, FL 32308

D George N. Lewis, M.D.  
1300 Miccosukee Road  
Tallahassee, FL 32308