

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

0000336

DOCUMENT # 757839

1. Entity Name

SOUTHEAST COMMUNITY HEALTH SERVICES, INC.

02-13-2001 90048 033 ****61.25

Principal Place of Business

Mailing Address

**1309 THOMASVILLE ROAD,
TALLAHASSEE FL 32308**

**1401 CENTERVILLE ROAD
SUITE 210
TALLAHASSEE FL 32308
US**

00020518



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1434992

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, JUDY
1300 MICCOSUKEE RD
TALLAHASSEE FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	NO SEE ATTACHED WILLIAMS, MR. JERRY L 1300 MICCOSUKEE RD TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MOORE, MR. DUNCAN 1300 MICCOSUKEE RD TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PROCTOR, MR. H. PALMER 1300 MICCOSUKEE ROAD TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCDANIEL, MR. JERRY 1300 MICCOSUKEE ROAD TALLAHASSE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PICHARD, MR. J. BRENT 1300 MICCOSUKEE ROAD TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, WILLIAM G 1300 MICCOSUKEE ROAD TALLAHASSEE FL 32308	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Duncan Moore 1-30-01(950) 431-5380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment
D# 757839

**SOUTHEAST COMMUNITY HEALTH SERVICES, INC.
BOARD OF DIRECTORS**

C0020518

**V Mr. Jerry L. Williams
1300 Miccosukee Rd.
Tallahassee, FL 32308**

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

**C Mr. Duncan Moore
1300 Miccosukee Rd.
Tallahassee, FL 32308**

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

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

**ST Mr. Millard Noblin
1300 Miccosukee Rd.
Tallahassee, FL 32308**

**D Mr. Jerry McDaniel
1300 Miccosukee Rd.
Tallahassee, FL 32308**

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

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