



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 757839</b> 1. Entity Name <b>SOUTHEAST COMMUNITY HEALTH SERVICES, INC.</b>						<b>FILED</b> <b>04 APR 30 AM 10:02</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>1309 THOMASVILLE ROAD</b> <b>TALLAHASSEE, FL 32308</b>				Mailing Address <b>1401 CENTERVILLE ROAD</b> <b>SUITE 210</b> <b>TALLAHASSEE, FL 32308 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip <b>32303</b>		Country		Zip Country		4. FEI Number <b>58-1434992</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>						Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DAVIS, JUDY</b> <b>1300 MICCOSUKEE RD</b> <b>TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLIAMS, MR. JERRY L <input type="checkbox"/> Delete 1300 MICCOSUKEE RD TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY - ST - ZIP	000035848591 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/11/04--01011--023 **\$61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD <input type="checkbox"/> Delete MOORE, MR. DUNCAN 1300 MICCOSUKEE RD TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mr. Mark O'Bryant 1300 Miccosukee RD Tallahassee, FL 32308		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete PROCTOR, MR. H. PALMER 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Susan Thompson 1300 Miccosukee RD Tallahassee, FL 32308		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MCDANIEL, MR. JERRY 1300 MICCOSUKEE ROAD TALLAHASSE, FL 32308			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Millard J. Noblin 1300 Miccosukee RD Tallahassee, FL 32308		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete PICHARD, MR. J. BRENT 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John K. Humphress 1300 Miccosukee RD Tallahassee, FL 32308		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete SMITH, WILLIAM G 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308			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.							
<b>SIGNATURE:</b> 				Mark O'Bryant		4-29-04 850-431-5380	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	