

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -2 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04252005 Chg-NP CR2E037 (10/03) JS

DOCUMENT # 757839 1. Entity 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 1401 Centerville Rd.		3. Mailing Address			
Suite, Apt. #, etc. Box 210		Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State			
Zip 32308	Country US	Zip	Country		
4. FEI Number 58-1434992			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DAVIS, JUDY 1300 MICCOSUKEE RD TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent 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. 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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, MR. JERRY L 1300 MICCOSUKEE RD 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	CD O'BRYANT, MARK 1300 MICCOSUKEE RD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100054669161 05/17/05--01032--017 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, SUSAN 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	D MCDANIEL, MR. JERRY 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	D NOBLIN, MILLARD J 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	D HUMPHRESS, JOHN K 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	
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: <u>G. Mark O'Bryant</u> 4-25-05 850-431-5380 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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