

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

192

FILED

06 MAY -1 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02242006 Chg-NP CR2E037 (11/05)

DOCUMENT # 757839					
1. Entity Name SOUTHEAST COMMUNITY HEALTH SERVICES, INC.					
Principal Place of Business 1401 CENTERVILLE ROAD BOX 210 TALLAHASSEE, FL 32308			Mailing Address 1401 CENTERVILLE ROAD BOX 210 TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-1434992	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____				400075046464 05/23/06--01006--022 **61.25	
<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, 2006		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	VD 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	
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 exemptions contained in Chapter 119, 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>Mark O'Bryant</u>		Date: <u>4-5-06</u>		Daytime Phone #: <u>850-431-5238</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

292

SOUTHEAST COMMUNITY HEALTH SERVICES, INC.

BOARD OF DIRECTORS

FY 2005 - 2006

Mr. G. Mark O'Bryant	D/ Chairman
Mr. Jerry L. Williams	D/ Vice Chairman
Mr. Millard J. Noblin	D/ Secretary/Treasurer
Mr. John K. Humphress	D
Ms. Susan Thompson	D
Mr. Jerry McDaniel	D

Address: 1300 Miccosukee Rd
Tallahassee, FL 32308