2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 30 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

04072008 Chg-NP CR2E037 (12/06)

4. FEI Number 58-1434992 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 DC ☐ Delete NAME O'BRYANT, MARK G STREET ADDRESS 1300 MICCOSUKEE RD CITY-ST-ZIP TALLAHASSEE, FL 32308		TITLE NAME SEE ATTACHED ☐ Change ☑ Addition STREET ADDRESS CITY-ST-ZIP	
TITLE DVC ☐ Delete NAME HUMPHRESS, JOHN K STREET ADDRESS 1300 MICCOSUKEE RD CITY-ST-ZIP TALLAHASSEE, FL 32308		TITLE ☐ Change ☐ Addition NAME 600127439896 STREET ADDRESS 04/30/08--01049--016 **61.25 CITY-ST-ZIP	
TITLE DST ☐ Delete NAME MCDANIEL, JERRY STREET ADDRESS 1300 MICCOSUKEE ROAD CITY-ST-ZIP TALLAHASSEE, FL 32308		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D ☐ Delete NAME BOYLE, DENNIS STREET ADDRESS 1300 MICCOSUKEE ROAD CITY-ST-ZIP TALLAHASSE, FL 32308		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D ☐ Delete NAME LEWIS, JOHN STREET ADDRESS 1300 MICCOSUKEE ROAD CITY-ST-ZIP TALLAHASSEE, FL 32308		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D ☐ Delete NAME SAWYER, PAUL MD STREET ADDRESS 1300 MICCOSUKEE ROAD CITY-ST-ZIP TALLAHASSEE, FL 32308		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	

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: _____ Mark O'Bryant 4/30/08 850-431-5380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Southeast Community Health Services, Inc.

Board of Directors

2007 – 2008

D/C	Mark O'Bryant
D/VC	John K Humphress
D/ST	Jerry McDaniel
D	Dennis Boyle
D	John Lewis
D	Paul Sawyer, M.D.
D	Susan Thompson
D	Michael M. Fields

1300 Miccosukee Rd.
Tallahassee FL 32308