

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K38096 (9)**
1. Corporation Name
HEALTH MANAGEMENT SOUTHEAST, INC.

Principal Place of Business Mailing Address
3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE FL 32308

FILED
95 JAN 27 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	10/11/1988	01/24/1994
4. FEI Number		5. Certificate of Status Desired		Applied For / Not Applicable	
59-2977013		<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		7. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes		\$5.00 May Be Added to Fees	
<input type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PENNINGTON, CARL R., JR. 3375-A CAPITAL CIRCLE N.E. TALLAHASSEE FL 32308				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEEB, AL E.	1.2 NAME	Bonnie C. Bailey
STREET ADDRESS	1626 NORTH PLAZA DRIVE	1.3 STREET ADDRESS	5976 Miller Landing Cove
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	D	2.1 TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, CHARLES L.	2.2 NAME	Art Carlson
STREET ADDRESS	2414 EAST PLAZA DRIVE	2.3 STREET ADDRESS	6329 Coach House Ct.
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	D	3.1 TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUELLE, JESSE L.	3.2 NAME	Maureen C. Ward
STREET ADDRESS	1401 CENTERVILLE RD, #800	3.3 STREET ADDRESS	4619 Highgrove Rd.
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D	4.1 TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, WILLIAM D.	4.2 NAME	John P. Mahoney, MD
STREET ADDRESS	1401 CENTERVILLE RD, #705	4.3 STREET ADDRESS	1894 Bid 806 Ivenhoe Rd.
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	PD	5.1 TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, JOHN P.	5.2 NAME	Delete - only 4 Directors
STREET ADDRESS	1899 EIDER CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, TERENCE P.	6.2 NAME	Delete - only 4 Directors
STREET ADDRESS	1636 NORTH PLAZA DR, #A	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual 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 at the time; or that I am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable.

SIGNATURE: John P. Mahoney, MD DATE: 1/18/95 FILING FEE: (504) 1608-3000