

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **K38096 (9)**

1. Corporation Name  
**HEALTH MANAGEMENT SOUTHEAST, INC.**



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

3. Date Incorporated or Qualified: **10/11/1988**  
3a. Date of Last Report: **01/27/1995**  
4. FEI Number: **59-2977013**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**PENNINGTON, CARL R., JR.  
3376 A CAPITAL CIRCLE N.E.  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **215 S. MONROE STREET**  
84 City: **TALLAHASSEE** FL 85 Zip Code: **32301**

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 date that apply to: (2007) E. Registered Agent Signature required when re-statuting.

12. OFFICERS AND DIRECTORS

TITLE	<b>D, VP</b>	<input type="checkbox"/> DELETE
NAME	<b>BAILEY, BONNIE C.</b>	
STREET ADDRESS	<b>5976 MILLER LANDING COVE</b>	
CITY-STATE-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D, TREASURER</b>	<input type="checkbox"/> DELETE
NAME	<b>CARLSON, ART</b>	
STREET ADDRESS	<b>6329 COACH HOUSE CT.</b>	
CITY-STATE-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D, SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>WARD, MAUREEN C.</b>	
STREET ADDRESS	<b>4619 HIGHGROVE RD.</b>	
CITY-STATE-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LONG, WILLIAM D.</b>	
STREET ADDRESS	<b>1401 CENTERVILLE RD, #705</b>	
CITY-STATE-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAHONEY, JOHN P. M</b>	
STREET ADDRESS	<b>806 IVANHOE RD.</b>	
CITY-STATE-ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D, VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	<b>D, TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	<b>D, SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bonnie C. Bailey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BONNIE C. BAILEY**

4-29-96 904-668-3000  
Date Date/Time Printed

CR2E034 (12/95)