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**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90043 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **K38096**

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1988

4. FEI Number

59-2977013

Applied For

Not Applicable

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS  DELETE  
 NAME WYCHULIS, ROBERT A.  
 STREET ADDRESS 3520 THOMASVILLE RD., STE. 200  
 CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE **P** STEVEN M. SCOTT M.D.  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS 3520 THOMASVILLE RD  
 1.4 CITY-ST-ZIP SUITE 200 TALLAHASSEE, FL 32308

TITLE DT  DELETE  
 NAME CARLSON, ART  
 STREET ADDRESS 6329 COACH HOUSE CT.  
 CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE **DVP** BERTRAM E. WALLS M.D.  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS 3520 THOMASVILLE RD  
 2.4 CITY-ST-ZIP SUITE TALLAHASSEE FL 32308

TITLE VP  DELETE  
 NAME PONT, EDWIN S. M.D.  
 STREET ADDRESS 3520 THOMASVILLE RD., STE. 200  
 CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE ANITA S. WEGNER  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS 3520 THOMASVILLE RD ASST. S  
 3.4 CITY-ST-ZIP SUITE 200 TALLAHASSEE, FL 32308 ASST. T

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-99 850-668-3000

Date

Daytime Phone #

CR2E034 (1/1/98)