# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2007**
**Secretary of State**

DOCUMENT# P00000112482

**Entity Name:** SOUTHEAST ASSOCIATION OF HEALTHCARE PROVIDERS, INC.

**Current Principal Place of Business:**

511 PHYLLIS STREET
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

511 PHYLLIS STREET
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number: 56-2551854** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RENFROE, PHILIP E
511 PHYLLIS STREET
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: RENFROE, PHILIP E
Address: 511 PHYLLIS STREET
City-St-Zip: PENSACOLA, FL 32503

Title: VD ( ) Delete
Name: SNELLGROVE, DAVID DR.
Address: 1157 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete
Name: MITCHELL, ERIC G
Address: 511 PHYLLIS STREET
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: SNELLGROVE, DAVID DR.
Address: 1118 GULF BREEZE PARKWAY, ST. 204
City-St-Zip: GULF BREEZE, FL 32561

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. PHILIP RENFROE PD 04/27/2007

Electronic Signature of Signing Officer or Director — Date