2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112482

FILED Apr 28, 2011 Secretary of State

Entity Name: SOUTHEAST ASSOCIATION OF HEALTHCARE PROVIDERS, INC.

Current Principal Place of Business: New Principal Place of Business:

511 PHYLLIS STREET 5330 N. DAVIS HWY PENSACOLA, FL 32503 PENSACOLA, FL 32503

Current Mailing Address: New Mailing Address:

511 PHYLLIS STREET 5330 N. DAVIS HWY PENSACOLA, FL 32503 PENSACOLA, FL 32503

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

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

RENFROE, PHILIP E
511 PHYLLIS STREET
5330 N. DAVIS HWY
PENSACOLA, FL 32503 US
PENSACOLA, FL 32503 US

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: DR. PHILIP E. RENFROE 04/28/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 RENFROE, PHILIP E

 Address:
 5330 N. DAVIS HWY

 City-St-Zip:
 PENSACOLA, FL 32503

Title: VD

Name: MITCHELL, ERIC G Address: 5330 N. DAVIS HWY City-St-Zip: PENSACOLA, FL 32503

Title: VD

 Name:
 SNELLGROVE, DAVID L

 Address:
 5330 N. DAVIS HWY

 City-St-Zip:
 PENSACOLA, FL 32503

I hereby 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 all other like empowered.

SIGNATURE: DR. PHILIP E. RENFROE PRES 04/28/2011