

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112482

FILED
Mar 27, 2012
Secretary of State

Entity Name: SOUTHEAST ASSOCIATION OF HEALTHCARE PROVIDERS, INC.

Current Principal Place of Business:

5330 N. DAVIS HWY
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

5330 N. DAVIS HWY
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 56-2551854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENFROE, PHILIP E
5330 N. DAVIS HWY
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

OFFICERS AND DIRECTORS:

Title: PD
Name: RENFROE, PHILIP E
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: PHILIP E. RENFROE

PD

03/27/2012

Electronic Signature of Signing Officer or Director

Date