

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138357

FILED
Feb 16, 2007
Secretary of State

Entity Name: SOUTHEAST HEALTH DISTRIBUTORS, INC.

Current Principal Place of Business:

150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134

New Principal Place of Business:

20725 NE 16 AVENUE
UNIT A39
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 87-0786607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUESMANN, NICOLE J
150 ALHAMBRA CIRCLE
SUITE 1150
CORAL GABLES, FL 33134 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: P () Delete
Name: KELLY, NICHOLAS
Address: 150 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: KELLY, NICHOLAS
Address: 150 ALHAMBRA CIRCLE, SUITE 1150
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KELLY, NICHOLAS
Address: 20725 NE 16 AVENUE, UNIT A39
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: S (X) Change () Addition
Name: KELLY, NICHOLAS
Address: 20725 NE 16 AVENUE, UNIT A39
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the 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: NICHOLAS KELLY

P

02/16/2007

Electronic Signature of Signing Officer or Director

_____ Date