

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000152560

**FILED**  
**Jul 10, 2007**  
**Secretary of State**

**Entity Name:** SOUTHEAST GYNECOLOGIC BENEFIT, INC.

**Current Principal Place of Business:**

N.W. MEDICAL PARK, 2960 N. STATE ROAD 7  
108  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

324 6TH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 20-8018712

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADAMS AND MARESMA, LLC  
324 6TH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NDUBISI, BONIFACE U  
Address: N.W. MEDICAL PK, 2960 N. STATE RD 7, #108  
City-St-Zip: MARGATE, FL 33063

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

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: BONIFACE NDUBISI

P

07/10/2007

Electronic Signature of Signing Officer or Director

Date