

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90129 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V54884
 1. Corporation Name
SOUTHEASTERN CLINICAL SERVICES, P.A.



Principal Place of Business 531 VERSAILLES DR SUITE 210 MAITLAND FL 32751 US	Mailing Address 531 VERSAILLES DR SUITE 210 MAITLAND FL 32751 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1303 N. ORANGE AVE Suite, Apt. #, etc. _____ City & State 23 ORLANDO FL Zip 24 32804	2a. Mailing Address 26 1303 N. ORANGE AVE Suite, Apt. #, etc. _____ City & State 28 ORLANDO FL Zip 29 32804	3. Date Incorporated or Qualified 07/30/1992	4. FEI Number 59-3137319	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
 BYRNES, JOHN JR
 531 VERSAILLES DRIVE
 SUITE 210
 MAITLAND FL 32751

10. Name and Address of New Registered Agent
 81 Name BYRNES, JOHN F JR
 82 Street Address (P.O. Box Number is Not Acceptable) 1303 N. ORANGE AVE
 83 _____
 84 City ORLANDO FL 85 Zip Code 32804

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOT Registered Agent signature required when reinstating) DATE: 4/11/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNES, JOHN F JR	1.2 NAME	
STREET ADDRESS	531 VERSAILLES DR, SUITE 210	1.3 STREET ADDRESS	1303 N. ORANGE AVE
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	ORLANDO FL 32804
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, RICHARD KENT	2.2 NAME	
STREET ADDRESS	531 VERSAILLES DR., SUITE 210	2.3 STREET ADDRESS	1303 N. ORANGE AVE
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	ORLANDO FL 32804
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOERNER, KEVIN	3.2 NAME	
STREET ADDRESS	531 VERSAILLES DR., SUITE 210	3.3 STREET ADDRESS	1303 N. ORANGE AVE
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	ORLANDO FL 32804
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* JOHN F BYRNES / PRES Date: 4/11/99 Daytime Phone #: 329-2000

CR2E034 (1/98)