

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90071 033 \*\*\*150.00

0096339 AV

**DOCUMENT # V54884**

1. Entity Name  
**SOUTHEASTERN CLINICAL SERVICES, P.A.**

Principal Place of Business <b>1303 NORTH ORANGE AVENUE          ORLANDO FL 32804          US</b>	Mailing Address <b>1303 NORTH ORANGE AVENUE          ORLANDO FL 32804          US</b>
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00000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3137319**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BYRNES, JOHN JR  
 1303 NORTH ORANGE AVENUE  
 ORLANDO FL 32804**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS  Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change  Addition

TITLE **PD**  
 NAME **BYRNES, JOHN F JR**  
 STREET ADDRESS **1303 NORTH ORANGE AVENUE**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  
 NAME **CHAPMAN, RICHARD KENT**  
 STREET ADDRESS **1303 N ORANGE AVENUE**  
 CITY-ST-ZIP **ORLANDO FL 32304**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  
 NAME **BOERNER, KEVIN**  
 STREET ADDRESS **1303 N ORANGE AVENUE**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  
 NAME **STELMASHENKO, DEMETRIUS**  
 STREET ADDRESS **1303 N ORANGE AVE**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **DIRECTOR**  
 STREET ADDRESS **JOHN L. STEELE**  
 CITY-ST-ZIP **1303 N. ORANGE AVE ORLANDO FL 32804**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/02

407-539-2000

Date Daytime Phone #

CR2E034 (9/01)