

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54884

FILED  
Feb 03, 2006  
Secretary of State

Entity Name: SOUTHEASTERN CLINICAL SERVICES, INC.

**Current Principal Place of Business:**

4215 EDGEWATER DRIVE  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

4215 EDGEWATER DRIVE  
ORLANDO, FL 32804 US

**New Mailing Address:**

FEI Number: 59-3137319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BYRNES, JOHN JR  
4215 EDGEWATER DRIVE  
ORLANDO, FL 32804 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: PD ( ) Delete  
Name: BYRNES, JOHN F JR  
Address: 4215 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: VD ( ) Delete  
Name: CHAPMAN, RICHARD KENT  
Address: 4215 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32304

Title: SD ( ) Delete  
Name: BOERNER, KEVIN  
Address: 4215 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: STELMASHENKO, DEMETRIUS  
Address: 4215 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: STEELE, JOHN L  
Address: 4215 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: KONDOR, CHRISTOPHER  
Address: 4215 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN F BYRNES, JR.

PD

02/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date