


**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

1042

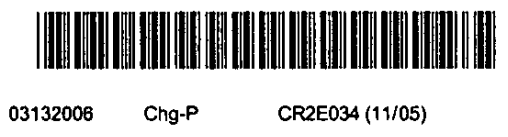
DOCUMENT # V54884
 1. Entity Name
SOUTHEASTERN CLINICAL SERVICES, INC.



FILED
 06 MAR 16 PM 4:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **4215 EDGEWATER DRIVE, ORLANDO, FL 32804 US**
 Mailing Address: **4215 EDGEWATER DRIVE, ORLANDO, FL 32804 US**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



4. FEI Number: **59-3137319** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent: **BYRNES, JOHN JR, 4215 EDGEWATER DRIVE, ORLANDO, FL 32804**
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: BYRNES, JOHN F JR STREET ADDRESS: 4215 EDGEWATER DRIVE CITY-ST-ZIP: ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE: <i>*SEE NEW ADDITION ON NEXT PAGE</i> NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: CHAPMAN, RICHARD KENT STREET ADDRESS: 4215 EDGEWATER DRIVE CITY-ST-ZIP: ORLANDO, FL 32304	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 500068560045 CITY-ST-ZIP: 03/24/06--01005--011 **\$1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: BOERNER, KEVIN STREET ADDRESS: 4215 EDGEWATER DRIVE CITY-ST-ZIP: ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: STELMASHENKO, DEMETRIUS STREET ADDRESS: 4215 EDGEWATER DRIVE CITY-ST-ZIP: ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE: VD NAME: STELMASHENKO, DEMETRIUS STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: STEELE, JOHN L. STREET ADDRESS: 4215 EDGEWATER DRIVE CITY-ST-ZIP: ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE: VD NAME: STEELE, JOHN L. STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KONDOR, CHRISTOPHER STREET ADDRESS: 4215 EDGEWATER DRIVE CITY-ST-ZIP: ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE: VD NAME: Kondor, Christopher STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3/13/06** **407-539-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell MAR 21 2006 **ALSO SEE NEXT PAGE**

2022

John F. Byrnes, Jr., PA-C
R. Kent Chapman, PA-C
Kevin M. Boerner, PA-C
Demetrius S. Stelmashenko, PA-C
John L. Steele, PA-C

Southeastern Clinical Services, P.A.



Christopher J. Kondor, PA-C
Anthony A. Zembrzuski, PA-C
Jeffrey T. Szarzanowicz, PA-C
Shirley J. Hom, PA-C
Khanh Q. Nguyen, PA-C

Office Address: • 4215 Edgewater Drive • Orlando, Florida 32804 Billing Address: • P.O. Box 521743 • Longwood, Florida 32752
Phone: (407) 539-2000 • Fax: (407) 398-0050 • Billing: (407) 830-1309

March 13, 2006

cont'd: 2006 For Profit Corporation Amended Annual Report

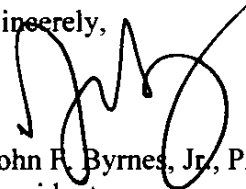
Block #11 **Addition**
Title **VD**
Name Anthony A. Zembrzuski
 4215 Edgewater Drive
 Orlando, Florida 32804

In total summation, we are changing three of the officers on the previous page from Director to Vice President/Director, and are also adding a new vice president/director, for a total of seven officers.

Enclosed is a check for \$61.25 to make these changes and file an amended report.

Please call should you have any questions regarding this matter.

Sincerely,


John F. Byrnes, Jr., PA-C
President