

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54884

FILED
Feb 17, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN F. BYRNES, JR.

P

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date