

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757839

Entity Name: SOUTHEAST COMMUNITY HEALTH SERVICES, INC.

Current Principal Place of Business:

1401 CENTERVILLE ROAD
BOX 210
TALLAHASSEE, FL 32308

Current Mailing Address:

1401 CENTERVILLE ROAD
BOX 210
TALLAHASSEE, FL 32308

FEI Number: 58-1434992

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, JUDY
1300 MICCOSUKEE RD
TALLAHASSEE, FL 32308 US

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

Officer/Director Detail :

Title DIRECTOR, CHAIRMAN
Name O'BRYANT, MARK
Address 1300 MICCOSUKEE RD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, VC
Name HUMPHRESS, JOHN K
Address 1300 MICCOSUKEE RD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, SECRETARY,
TREASURER
Name MCDANIEL, JERRY
Address 1300 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name GIUDICE, WILLIAM A
Address 1300 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM A. GIUDICE

CFO

01/08/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date