2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2013
Secretary of State
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Entity Name: SOUTHEAST ASSOCIATION OF HEALTHCARE PROVIDERS, INC.

Current Principal Place of Business:

5330 N. DAVIS HWY
PENSACOLA, FL 32503

Current Mailing Address:

5330 N. DAVIS HWY
PENSACOLA, FL 32503

FEI Number: 56-2551854

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RENFROE, PHILIP E
5330 N. DAVIS HWY
PENSACOLA, FL 32503 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	PD	Title	VD
Name	RENFROE, PHILIP E	Name	SNELLGROVE, DAVID L
Address	5330 N. DAVIS HWY	Address	5330 N. DAVIS HWY
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503

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: DR. PHILIP E. RENFROE PRES 04/23/2013

Electronic Signature of Signing Officer/Director Detail — Date