

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54884

**FILED
Mar 25, 2014
Secretary of State
CC8769622287**

Entity Name: SOUTHEASTERN CLINICAL SERVICES, INC.

Current Principal Place of Business:

4215 EDGEWATER DRIVE
ORLANDO, FL 32804

Current Mailing Address:

4215 EDGEWATER DRIVE
ORLANDO, FL 32804 US

FEI Number: 59-3137319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BYRNES, JOHN JR
4215 EDGEWATER DRIVE
ORLANDO, FL 32804 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
Name BYRNES, JOHN FJR
Address 4215 EDGEWATER DRIVE
City-State-Zip: ORLANDO FL 32804

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

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

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

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

Title D
Name KONDOR, CHRISTOPHER
Address 4215 EDGEWATER DRIVE
City-State-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.

PRESIDENT

03/25/2014

Electronic Signature of Signing Officer/Director Detail

Date