

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V54884

**FILED**  
**Mar 18, 2016**  
**Secretary of State**  
**CC3814924454**

**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**

**03/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date