

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 432396

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** SOUTHEASTERN MEDEQUIP, INC.

**Current Principal Place of Business:**

905 3RD ST., N.  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

905 3RD ST., N.  
JACKSONVILLE BEACH, FL 32250 US

**New Mailing Address:**

**FEI Number:** 59-1501636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOGG (MRS. GLENICE D.)  
905 3RD ST., N.  
JACKSONVILLE BEACH, FL 32250 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: ST  
Name: FOGG, MRS GLENICE D  
Address: 905 3RD ST., N.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VP  
Name: FOGG, FREDERICK W III  
Address: 1207 BIG TREE ROAD  
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: PD  
Name: FOGG, FREDERICK W JR  
Address: 99 ORANGE ST  
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: VP  
Name: PARKINSON, SHERI F  
Address: 10 10TH STREET., D-22  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

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: SHERI F PARKINSON

VP

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date