

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 18 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 600390 (9)**

1. Corporation Name  
**SOUTHEASTERN UROLOGICAL CENTER, P.A.**



Principal Place of Business  
**1207 HODGES DR  
TALLAHASSEE FL 32308  
US**

Mailing Address  
**1987 HODGES DR 1213B Hodges Dr.  
TALLAHASSEE FL 32308-4613  
US**

3. Date Incorporated or Qualified  
**06/27/1968**

3a. Date of Last Report  
**02/07/1996**

4. FEI Number  
**59-1213296**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**PROCTOR, H. PALMER  
227 SOUTH CALHOUN STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **DST CAMPS, JOSEPH L M.D.**

STREET ADDRESS **1315 HODGES DRIVE**

CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  DELETE

NAME **D MILES, DAVID D M.D.**

STREET ADDRESS **1207 HODGES DR**

CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  DELETE

NAME **D POTTS, WILLIAM E M.D.**

STREET ADDRESS **1207 HODGES DR**

CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  DELETE

NAME **DP ROLLINS, RALEIGH W M.D.**

STREET ADDRESS **1207 HODGES DR**

CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  DELETE

NAME **DV SAWYER, W. PAUL M.D.**

STREET ADDRESS **1207 HODGES DR**

CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  DELETE

NAME **DV SPRINGER, JAMES C M.D.**

STREET ADDRESS **1315 HODGES DRIVE**

CITY-ST-ZIP **TALLAHASSEE FL 32308**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1-15-97** Date Daytime Phone #

CFR2E034 (9/96)