


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

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**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90090 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 600390**

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



Principal Place of Business 1207 HODGES DR TALLAHASSEE FL 32308 US	Mailing Address 1315 HODGES DRIVE TALLAHASSEE FL 32308 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2000 Centre Pointe Blvd</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2000 Centre Pointe Blvd</b> Suite, Apt. #, etc.
22 <b>Tallahassee, FL</b> City & State	27 <b>Tallahassee, FL</b> City & State
23 <b>32308 USA</b> Zip Country	28 <b>32308 USA</b> Zip Country

3. Date Incorporated or Qualified <b>06/27/1968</b>	4. FEI Number <b>59-1213296</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>DST</b> <input type="checkbox"/> DELETE
NAME	<b>CAMPS, JOSEPH L M.D.</b>
STREET ADDRESS	<b>1315 HODGES DRIVE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MILES, DAVID D M.D.</b>
STREET ADDRESS	<b>1207 HODGES DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>POTTS, WILLIAM E M.D.</b>
STREET ADDRESS	<b>1207 HODGES DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>ROLLINS, RALEIGH W M.D.</b>
STREET ADDRESS	<b>1207 HODGES DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>SAWYER, W. PAUL M.D.</b>
STREET ADDRESS	<b>1207 HODGES DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>SPRINGER, JAMES C M.D.</b>
STREET ADDRESS	<b>1315 HODGES DRIVE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Sellinger, Scott B.</b>
1.3 STREET ADDRESS	<b>2000 Centre Pointe Blvd</b>
1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** **4-6-99** **850-309-0500**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)