

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90102 045 \*\*\*158.75

**DOCUMENT # 600390**

1. Entity Name

**SOUTHEASTERN UROLOGICAL CENTER, P.A.**

Principal Place of Business

Mailing Address

2000 CENTRE POINTE BLVD  
 TALLAHASSEE FL 32308  
 US

2000 CENTRE POINTE BLVD  
 TALLAHASSEE FL 32308-4894  
 US

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1213296**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	Raleigh W. Rollins, M.D.	
STREET ADDRESS	2000 Centre Pointe Boulevard	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

Daytime Phone #