

2001 UNIFORM BUSINESS REPORT (UBR)

0027082

DOCUMENT # 600390

1. Entity Name
SOUTHEASTERN UROLOGICAL CENTER, P.A.

FILED

01 APR 13 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2000 CENTRE POINTE BLVD TALLAHASSEE FL 32308 US	Mailing Address 2000 CENTRE POINTE BLVD TALLAHASSEE FL 32308 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-1213296	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**300004082019-4
-04/26/01--01092--006**
City, *****150.FL** ~~***150.00~~

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.

LS

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CAMPS, JOSEPH L M.D. 1315 HODGES DRIVE TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, DAVID D M.D. 1207 HODGES DR TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTS, WILLIAM E M.D. 1207 HODGES DR TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROLLINS, RALEIGH W M.D. 1207 HODGES DR TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SAWYER, W. PAUL M.D. 1207 HODGES DR TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPRINGER, JAMES C M.D. 1315 HODGES DRIVE TALLAHASSEE FL 32308

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 Centre Pointe Blvd Tallahassee FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 Centre Pointe Blvd Tallahassee FL 32308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 Centre Pointe Blvd Tallahassee FL 32308

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: *Raleigh W. Rollins* **Raleigh W. Rollins MD** 3/26/01 850-309-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)