

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600390

FILED  
Feb 08, 2005  
Secretary of State

Entity Name: SOUTHEASTERN UROLOGICAL CENTER, P.A.

**Current Principal Place of Business:**

2000 CENTRE POINTE BLVD  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

2000 CENTRE POINTE BLVD  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

FEI Number: 59-1213296      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: CAMPS, JOSEPH L M.D.  
Address: 2000 CENTRE POINTE BLVD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Delete  
Name: MILES, DAVID D M.D.  
Address: 2000 CENTRE POINTE BLVD.  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: DP ( ) Delete  
Name: ROLLINS, RALEIGH W M.D.  
Address: 2000 CENTRE POINTE BLVD.  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: DV ( ) Delete  
Name: SAWYER, W. PAUL M.D.  
Address: 2000 CENTRE POINTE BLVD.  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: DV ( ) Delete  
Name: SPRINGER, JAMES C M.D.  
Address: 2000 CENTRE POINTE BLVD.  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DONNA S HOEBICH

ASST

02/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date