

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600390

FILED
Apr 13, 2010
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 (X)**

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: PD
Name: SAWYER, WILLIAM P M.D.
Address: 2000 CENTRE POINTE BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD
Name: CAMPS, JOSEPH L M.D.
Address: 2000 CENTRE POINTE BLVD.
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VD
Name: BRADFORD, ROBERT S M.D.
Address: 2000 CENTRE POINTE BLVD.
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VD
Name: SELLINGER, SCOTT B M.D.
Address: 2000 CENTRE POINTE BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD
Name: TRAN, JEAN-PAUL M.D.
Address: 2000 CENTRE POINT BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD
Name: BURDAY, DAVID E M.D.
Address: 2000 CENTRE POINTE BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: W. PAUL SAWYER, MD

PD

04/13/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date