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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 693573

Corporation Name

SOUTHEAST MEDICAL FINANCIAL SYSTEMS, INC.

Principal Place	of Business	M	ailing Address								
7700 NORTH KENDALL DRIVE 7700 NORTH KENDALL D				RIVE							
SUITE 415			SUITE 415				•	DO NOT M	RITE IN THIS	SDACE	
MIAMI FL 33156		Mi	AMI FL 33156				2 5-4-1-	·		SFACE	
							1	corporated or Qualife	<u>.</u>		· 1
	•						4. FEI Nu	3/1981	1.3	 	hanked For
2. Principal Pl	ace of Business	2a.	. Mailing Address				1			<u> </u>	Applied For
21		26					59-2	109821			Not Applicable
Suite, Apt.	#, etc.	L,	Suite, Apt. #, etc.				5. Certifo	ate of Status Desired		•	Additional Required
22		27									
City & State	e		City & State				1	n Campaign Financin	9 🗆		May Be
23		28						und Contribution	- 1. F		to Fees
Zip	Country	L	Zip		intry		I	proporation owes the cu	irrent year Int		□No
24	25	29		30				al Property Tax.	5 1.4	Yes	
	9. Name and Address of Curren	t Regis	stered Agent				10. Name	and Address of New	/ Registered	Agent	
					81	Name					-
LEIII	MAN, LORN				82	Street Addre	ess (P.O. Box	Number is Not Accep	ptable)		-
7700 N. KENDALL DRIVE #415							TO NOTATE MANY MATERIAL COLUMN TO THE PORT OF THE PROPERTY OF				
MIAN	VII FL 33156				83	-	•	是是与性體制			
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					84	City			FL	. '	
11 Dureupst	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 6	607.1508. Florida Sta	utes, the a	bove	-named corp	oration submi	ts this statement for th	ne purpose of	changing i	ts registered
office or r	egistered agent, or both, in the State	of Flori	ida. Such change was	authorize	d by I	the corporation	on's board of	directors. I hereby acc	ept the appoi	ntment as	registered
agent. I a	m familiar with, and accept the obliga	itions of	t, Section 607.0505, r	ionua Stat	iules.	,					(
SIGNATURE		-4 4 chi-	if an elimbia (NC	TE: Decietore	d Agent	t signature required	d when reinstating)	15 1 5 1 5 1	DATE		
12.	Signature, typed or printed name of registered age OFFICERS AN			13.			ADDITIO	ONS/CHANGES TO C	FFICERS AN	ID DIRECT	FORS IN 12
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	'				IILE					Chang	ا برومیون
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Applie AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90029 021 ***150.00

CR2E034 (11/98)