



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

142

FILED

06 MAY -1 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757839					
1. Entity Name SOUTHEAST COMMUNITY HEALTH SERVICES, INC.					
Principal Place of Business 1401 CENTERVILLE ROAD BOX 210 TALLAHASSEE, FL 32308			Mailing Address 1401 CENTERVILLE ROAD BOX 210 TALLAHASSEE, FL 32308		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-1434992	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, JUDY 1300 MICCOSUKEE RD TALLAHASSEE, FL 32308			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	WILLIAMS, MR. JERRY L		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1300 MICCOSUKEE RD		NAME		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'BRYAN, MARK		NAME		
STREET ADDRESS	1300 MICCOSUKEE RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, SUSAN		NAME		
STREET ADDRESS	1300 MICCOSUKEE ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDANIEL, MR. JERRY		NAME		
STREET ADDRESS	1300 MICCOSUKEE ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOBLE, MILLARD J		NAME		
STREET ADDRESS	1300 MICCOSUKEE ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUMPHRESS, JOHN K		NAME		
STREET ADDRESS	1300 MICCOSUKEE ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Mark O'Bryant		4-5-06 850-431-5238	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

292

SOUTHEAST COMMUNITY HEALTH SERVICES, INC.

BOARD OF DIRECTORS

FY 2005 - 2006

Mr. G. Mark O'Bryant	D/ Chairman
Mr. Jerry L. Williams	D/ Vice Chairman
Mr. Millard J. Noblin	D/ Secretary/Treasurer
Mr. John K. Humphress	D
Ms. Susan Thompson	D
Mr. Jerry McDaniel	D

Address: 1300 Miccosukee Rd
Tallahassee, FL 32308