


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 757839 1. Entity Name SOUTHEAST COMMUNITY HEALTH SERVICES, INC.	
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Principal Place of Business 1401 CENTERVILLE ROAD BOX 210 TALLAHASSEE, FL 32308	Mailing Address 1401 CENTERVILLE ROAD BOX 210 TALLAHASSEE, FL 32308
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FILED
07 APR 30 AM 10:51

CLERK OF STATE
TALLAHASSEE, FLORIDA



03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-1434992	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS, JUDY 1300 MICCOSUKEE RD TALLAHASSEE, FL 32308

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC O'BRYANT, MARK G 1300 MICCOSUKEE RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC WILLIAMS, JERRY L 1300 MICCOSUKEE RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NOBLIN, MILLARD J 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHRESS, JOHN K 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, SUSAN 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDANIEL, JERRY 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308

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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* **G. Mark O'Bryant** 4/30/07 850-431-5380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SOUTHEAST COMMUNITY HEALTH SERVICES, INC.

BOARD OF DIRECTORS

2006 – 2007

1300 Miccosukee Road, Tallahassee, FL 32308

D	Dennis Boyle
D/C	Mark O'Bryant
D/VC	John K. Humphress
D	John Lewis
D/S/T	Jerry McDaniel
D	Paul Sawyer, MD
D	Susan Thompson