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Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G47546** (8)
1. Corporation Name
SOUTHEASTERN HAND CENTER, P.A.



Principal Place of Business
**6100 KENNERLY ROAD
202
JACKSONVILLE FL 32216
US**

Mailing Address
**6100 KENNERLY ROAD
202
JACKSONVILLE FL 32216-4345
US**

3. Date Incorporated or Qualified
07/01/1983

3a. Date of Last Report
04/29/1996

4. FEI Number
59-2300119

Applied For
 Applied For
 Not Applicable

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent
**GREIDER, JACK L. JR.
6100 KENNERLY RD
STE 202
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	DELETED
DP	GREIDER, JACK L. JR. 6100 KENNERLY RD #202 JACKSONVILLE FL	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	DELETED	Change	Addition
1.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 its 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 or changed or on an attachment with an address.

SIGNATURE: **JACK L. GREIDER, JR., M.D.** 2/10/97 (904) 933-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)