...OW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:36

DOCUMENT # H84481 (1)

1. Corporation Name

PREFERRED SOUTHEAST PROVIDERS, INCORPORATED

Principal Place of Business	Mailing Address
3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE FL 32308	3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/07/1985
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2648410 ☐ Applied For ☐ Not Applicable

5. 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PENNINGTON, CARL R., JR. 3375-A CAPITAL CIRCLE, N.E. SUITE 800 TALLAHASSEE FL 32308	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D ☐ Change ☐ Addition
NAME	SMITH, J. ORSON M.D.	1.2 NAME	
STREET ADDRESS	1401 CENTERVILLE RD #400	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	MAHONEY, JOHN MD	2.2 NAME	
STREET ADDRESS	1899 EIDER COURT	2.3 STREET ADDRESS	806 Ivanhoe Rd.
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32308-12
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JUDELLE, JESSE M.D.	3.2 NAME	
STREET ADDRESS	1401 CENTERVILLE RD#800	3.3. STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, CHARLES L MD	4.2 NAME	
STREET ADDRESS	2414 E. PLAZA DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LONG, WILLIAM M.D.	5.2 NAME	
STREET ADDRESS	1401 CENTERVILLE RD #705	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	D ☒ Change ☐ Addition
NAME	DEEB, M.D. LARRY	6.2 NAME	A1 E. Deeb, MD
STREET ADDRESS	2416 EAST PLAZA DR.	6.3 STREET ADDRESS	1626 E. Plaza Dr.
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	Tallahassee, FL 32308

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added above.

SIGNATURE: _____ 1/18/95 (904) 668-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John P. Mahoney, MD

0027193 CP

Preferred Southeast Providers, Incorporated
3520 Thomasville, Road, Suite 200
Tallahassee, FL 32308

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Item # 12 - Continued

NAME	TITLE	ADDRESS	CITY & STATE
Terence P. McCoy, MD	D	1636 North Plaza Dr.	Tallahassee, FL 32308
Francis Skilling, Jr., MD	D	2819 Capital Medical	Tallahassee, FL 32308
Harry Thomas	D	100 N. Monroe #100	Tallahassee, FL 32308
William E. Price, MD	D	3520 Thomasville Rd., Suite 200	Tallahassee, FL 32308