## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 16, 2005 8:00 am Secretary of State 04-12-2005 90147 017 \*\*\*150.00

RRUEGER, SCOTT 2750 N.W. 43RD ST. SUITE 201 GAINESVILLE, FL 32606  8. The above named oreity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the adolgations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the adolgation of registered agent.  SIGNATURE  SIGNAT	DOCUMENT # J77571  1. Entity Name SOUTHEASTERN INTEGRATED MEDICAL, P.A.							005 90147 (			
SURE VILLE, FL 32605 US  2. Principal Place of Business  Suries, Apt. 8, etc.  Suries, A	Principal Place of Business Mailing Address										
Suries April Place of Business   3. Mailing Address   01072005   ChgP   CR2E034 (10'03)    Suries April Place of Business   3. Mailing Address   01072005   ChgP   CR2E034 (10'03)    Cay & State   Country   Zip   Country   Sip   Country   Sip   Sp. 2819741   Independent of the Proprietable		AVE.					- 66017179				
Suries Apr. 4, etc.   Suries Apr. 1, etc.   Suries Apr. 1, etc.   City & State   City & City & State   City &					)		000	11110			
Suries Apr. 4, etc.   Suries Apr. 1, etc.   Suries Apr. 1, etc.   City & State   City & City & State   City &							1 <b>  [ ]</b>   <b>] [ ]   ]   ]   ]   ]   ]   ]   ]   ]   </b>				
City & State  Ci	2. Principal i	riace of Business	3. Mailing Address	, Mailing Address					A 6500 40		
City & State  Country  Zip  City  FL  Zip  Zip  Cool  City  FL  Zip  Zip  Zip  Cool  City  FL  Zip  Zip  Zip  Cool  City  FL  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01072005	Cha-P	CR2E034 (	10/03)		
Special County   Zp	City & State		City I State								
RRUEGER, SCOTT 2750 N.W. 43RD ST. SUITE 201 GAINESVILLE, FL 32606  8. The above named oreity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the adolgations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the adolgation of registered agent.  SIGNATURE  SIGNAT	Chy & State		City a State			•					
8. Name and Address of Current Registered Agent  KRUEGER, SCOTT 2750 N.W. 43RD ST. SUITE 201 GAINESVILLE, FL 32606  2. The above named only submits this statement for the purpose of changing its registered office or registered opens, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agens.  SIGNATURE  PILE MOWILI FEE IS \$150,00 After May 1, 2008 Fee will be \$559,00  DEPAZ, OSCAR 8  D	Zip	Country	Zip	Count	ту			\$8.75 Additional			
RRUEGER, SCOTT 2750 N W 43RD ST. SUITE 201 GAINESVILLE, FL 32606		6. Name and Address of Current F	Registered Agent	- 1				Fee		d	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	or come and see at addant to despen selecti										
SUITE 201 GAINESVILLE, FL 32606  City FL Zip Code  a. 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  FILE NOWILL PEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INLE  DEPAZ, OSCAR B  SIREL NOWS.  SIREL NOWS.  OFFICERS AND DIRECTORS IN 11  DEPAZ, OSCAR B  SIREL NOWS.  SIREL NOWS.  OFFICERS AND DIRECTORS IN 11  NAME  DEPAZ, OSCAR B  SIREL NOWS.  OFFICERS AND DIRECTORS IN 11  NAME  HUNTER, OREGON K  SIREL NOWS.  SIREL NOWS.  GITH-51-79  GAINESVILLE, FL 32605  ITILE  D  ORDINGS-1-79  GAINESVILLE, FL 32605  ITILE  D  CHANGE  ABBI NW 8 TH AVE SIZE  GAINESVILLE, FL 32605  DEPAZ  GAINESVILLE, FL 32605  ITILE  D  CHANGE  SIREL NOWS.  SIREL NOWS.  SIREL NOWS.  SIREL NOWS.  SIREL NOWS.  GITH-51-79  GAINESVILLE, FL 32605  DEPAZ  GAINESVILLE, FL 32605  DEPAZ  GAINESVILLE, FL 32605  DEPAZ  GAINESVILLE, FL 32605  GITH-51-79  GAINESVILLE, FL 3					Street Address (P.O. Boy Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE MOWNII   FILE 18 \$150.00   PILE   STEEL 18 \$150.00   PILE   STEEL 18 \$150.00   PILE   PILE   PILE   PILE   STEEL 18 \$150.00   PILE   P	SUITE 201				Silver Address (1.5. Box Harribot is Not Acceptable)						
a. The above named entity submiss 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  Symun, hoods or pried name of impatered agent and ine 4 acceptables.  PILE NOWILL FEE IS \$150.00  After thinly 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  DEPAZ, OSCAR B  SITES ADDRESS  GIN-ST-12P  TOTAL THE POWER AGENT AGEN	GAINESVILLE, FL 32606										
THE MAKE STREET ADDRESS CITY-ST-2P GAINESVILLE, FL 32605  TITLE D CANNESS CITY-ST-2P GAINESVILLE, FL 32605  TITLE GAINESVILLE,					City	ity Zip Code					
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PILE NOWIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution.    10.											
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.	OA armer inham as business and as a submittee of the subm										
TITLE   DEPAZ, OSCAR B   Deleta   ITTLE   MAKE   Change   Addition   Addition   MAKE   Change   Addition   Addition   MAKE   M											
DEPAZ, OSCAR B SITMET ADDRESS 4881 NW 8 AVE, STE 2 GAINESVILLE, FL 32605  DEIDE   DEIDE   DEIDE   DEIDE   DEIDE   TITLE   D   DEIDE	10.		DIRECTORS	11,		ADDITIONS/	CHANGES TO OFF	ICERS AND DIR	ECTOR:	S IN 11	
STREET ADDRESS CITY-ST-ZP GAINESVILLE, FL 32605  TITLE NAME PUENTE-GUZMAN, RIGOBERTO STREET ADDRESS CITY-ST-ZP GAINESVILLE, FL 32605  TITLE NAME PUENTE-GUZMAN, RIGOBERTO STREET ADDRESS CITY-ST-ZP GAINESVILLE, FL 32605  TITLE OPUENTE-GUZMAN, RIGOBERTO STREET ADDRESS CITY-ST-ZP GAINESVILLE, FL 32605  TITLE NAME CITY-ST-ZP TITLE OPUENTE-GUZMAN AVENUE #2 GAINESVILLE, FL 32605  TITLE NAME CITY-ST-ZP TITLE OPUENTE-GUZMAN AVENUE #2 GAINESVILLE, FL 32605  TITLE NAME CITY-ST-ZP TITLE OPUENTE-GUZMAN AVENUE #2 GAINESVILLE, FL 32605  TITLE NAME CITY-ST-ZP TITLE OPUENTE-GUZMAN AVENUE #2 GAINESVILLE, FL 32605  TITLE NAME CITY-ST-ZP TITLE OPUENTE-GUZMAN AVENUE #2 GAINESVILLE, FL 32605  TITLE NAME CITY-ST-ZP TITLE OPUENTE-GUZMAN AVENUE #2 GAINESVILLE, FL 32605  TITLE NAME CITY-ST-ZP TITLE OPUENTE-GUZMAN AVENUE #2 GAINESVILLE, FL 32605  TITLE NAME CITY-ST-ZP TITLE OPUENTE-GUZMAN AVENUE #2 GAINESVILLE, FL 32605  TITLE NAME STREET ADDRESS GAINESVILLE, FL 32605  TITLE NAME	1					☐ Changs ☐ Add:tion				Add:tion	
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HUNTER, OREGON K STRET ADDRESS CITY-ST-ZP GAINESVILLE, FL 32605  TITLE D PUENTE-GUZMAN, RIGOBERTO A881 NW 8TH AVE #2 GAINESVILLE, FL 32605  TITLE D TITLE D TITLE CITY-ST-ZP CITY-ST-ZP TITLE CITY-ST-ZP TITLE CITY-ST-ZP CITY-ST-ZP TITLE CITY-ST-ZP CITY-ST-ZP TITLE CITY-ST-ZP ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP GAINESVILLE, FL 32605 CITY-ST-ZP GAINESVILLE, FL 32605 CITY-ST-ZP TITLE CITY-ST-ZP GAINESVILLE, FL 32605											
STREET ADDRESS CITY-ST-7P GAINESVILLE, FL 32605  TITLE D PUENTE-GUZMAN, RIGOBERTO SIREET ADDRESS CITY-ST-7P GAINESVILLE, FL 32605  TITLE CITY-ST-7P TITLE D UPINICK, JESSE STREET ADDRESS CITY-ST-7P GAINESVILLE, FL 32605  TITLE NAME UIPNICK, JESSE STREET ADDRESS CITY-ST-7P TITLE D CLIPNICK, JESSE GAINESVILLE, FL 32605  TITLE NAME STREET ADDRESS CITY-ST-7P TITLE D CLIPNICK, JESSE STREET ADDRESS CITY-ST-7P TITLE D CLIPNICK, JESSE STREET ADDRESS CITY-ST-7P TITLE D CRAME UEBER, CHRISTOPHER STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32605  TITLE NAME STREET ADDRESS GAINESVILLE, FL 32605  TITLE TITLE NAME STREET ADDRESS GAINESVILLE, FL 32605	TITLE	D Detere		TITLE					Change	Addition	
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CITY-ST-ZP  GAINESVILLE, FL 32605  CITY-ST-ZP  TITLE NAME  LIPNICK, JESSE  STREET ADDRESS CITY-ST-ZP  GAINESVILLE, FL 32605  CITY-ST-ZP  TITLE NAME  LEBER, CHRISTOPHER STREET ADDRESS CITY-ST-ZP  GAINESVILLE, FL 32605  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NEWCOMER, GARY STREET ADDRESS CITY-ST-ZP  GAINESVILLE, FL 32605  CITY-ST-ZP  CITY-ST-ZP		*						0,	,range	L) ADDITION	
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CITY-ST-ZIP  GAINESVILLE, FL 32605  CITY-ST-ZIP  TITLE  NAME LEBER, CHRISTOPHER STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE CHANGES CITY-ST-ZIP  TITLE NEWCOMER, GARY STREET ADDRESS CITY-ST-ZIP  CHANGES CITY-ST-ZIP	STREET ADDRESS										
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	1	· ·									
	CITY-ST-ZIP GAINESVILLE, FL 32605										

12. 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 report or supplemental report is tree end accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of these amprovered to execute this report is serequired by Chapter 607, 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:

55.05

361-224.22002

J*20*)