

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # K38096 (9)

1. Corporation Name

HEALTH MANAGEMENT SOUTHEAST, INC.

Principal Place of Business

3520 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE FL 32308

Mailing Address

3520 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified
10/11/1988

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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4. FEI Number

59-2977013

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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.
~~3376-A CAPITAL CIRCLE N.E.~~
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

215 S. MONROE STREET

84

TALLAHASSEE

FL

85 Zip Code

32301

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

Signature, typed or printed name of registered agent, and date if applicable

(2001) Registered Agent Signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D, VP
STREET ADDRESS BAILEY, BONNIE C.
CITY-ST-ZIP 5976 MILLER LANDING COVE
TALLAHASSEE FL

TITLE ☐ DELETE

NAME D, TREASURER
STREET ADDRESS CARLSON, ART
CITY-ST-ZIP 6329 COACH HOUSE CT.
TALLAHASSEE FL

TITLE ☐ DELETE

NAME D, SECRETARY
STREET ADDRESS WARD, MAUREEN C.
CITY-ST-ZIP 4619 HIGHGROVE RD.
TALLAHASSEE FL

TITLE ☒ DELETE

NAME D
STREET ADDRESS LONG, WILLIAM D.
CITY-ST-ZIP 1401 CENTERVILLE RD, #705
TALLAHASSEE FL

TITLE ☒ DELETE

NAME D
STREET ADDRESS MAHONEY, JOHN P. M.
CITY-ST-ZIP 808 IVANHOE RD.
TALLAHASSEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

Bonnie C. Bailey
BONNIE C. BAILEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

904-668-3000

CR2E034 (12/95)