

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90043 030 \*\*\*\*50.00

**DOCUMENT # L01000018032**

1. Entity Name  
**SOUTHEAST MEDICAL, L.L.C.**



Principal Place of Business  
**80 DOCTOROS DRIVE  
PANAMA CITY, FL 32405**

Mailing Address  
**80 DOCTOROS DRIVE  
PANAMA CITY, FL 32405**

**DO NOT WRITE IN THIS SPACE**



01302006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**59-3757536**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HUGHES, J. ROBERT ESQ.**  
**220 MCKENZIE AVE.**  
**PANAMA CITY, FL 32401**

*Neal P. Dunn*  
*80 Doctors Drive*  
*Panama City, FL*  
*32405*

**DO NOT WRITE  
IN THIS SPACE**

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 \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DUNN, NEAL P M.D.  
80 DOCTORS DRIVE  
PANAMA CITY, FL 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HEALEY, DENIS  
80 DOCTORS DRIVE  
PANAMA CITY, FL 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BEISWANGER, JAY C  
80 DOCTORS DRIVE  
PANAMA CITY, FL 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RAMOS, CARLOS E MD  
80 DOCTORS DRIVE  
PANAMA CITY, FL 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HITT, WARREN T M.D.  
2202 STATE AVE. SUITE 301  
PANAMA CITY, FL 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
EISENBROWN, J. NICOLE MD  
80 DOCTORS DRIVE  
PANAMA CITY, FL 32405**

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*2/7/6*

*850-785-3557*