

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018032

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: SOUTHEAST MEDICAL, L.L.C.

**Current Principal Place of Business:**

80 DOCTOROS DRIVE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

80 DOCTOROS DRIVE  
PANAMA CITY, FL 32405

**New Mailing Address:**

FEI Number: 59-3757536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUNN, NEAL P  
80 DOCTORS DR  
PANAMA CITY, FL 32405 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DUNN, NEAL P M.D.  
Address: 80 DOCTORS DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete  
Name: HEALEY, DENIS  
Address: 80 DOCTORS DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete  
Name: BEISWANGER, JAY C  
Address: 80 DOCTORS DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete  
Name: RAMOS, CARLOS E MD  
Address: 80 DOCTORS DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete  
Name: HITT, WARREN T M.D.  
Address: 2202 STATE AVE. SUITE 301  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM ( ) Delete  
Name: EISENBROWN, J. NICOLE MD  
Address: 80 DOCTORS DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: HEALEY, DENIS E MD  
Address: 80 DOCTORS DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM (X) Change ( ) Addition  
Name: BEISWANGER, JAY C MD  
Address: 80 DOCTORS DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NEAL P DUNN, MD

MGRM

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date