

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90097 024 \*\*\*143.75

**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

50002703

2. Principal Place of Business - No P.O. Box #  
80 DOCTOROS DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
80 DOCTOROS DRIVE  
Suite, Apt. #, etc.



01222008 Chg-LLC CR2E083 (12/06)

City & State  
PANAMA CITY FL

City & State  
PANAMA CITY FL

Zip  
32405

Country  
USA

Zip  
32405

Country  
USA

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

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

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 DATE 4/7/8

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, NEAL P M.D. 80 DOCTORS DRIVE PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, MICHAEL A., M.D. 80 DOCTORS DRIVE PANAMA CITY, FL 32405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEALEY, DENIS E MD 80 DOCTORS DRIVE PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEISWANGER, JAY C MD 80 DOCTORS DRIVE PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMOS, CARLOS E MD 80 DOCTORS DRIVE PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HITT, WARREN T M.D. 2202 STATE AVE. SUITE 301 PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EISENBROWN, J. NICOLE MD 80 DOCTORS DRIVE PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 4/7/8 DAYTIME PHONE # 850-785-8557

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