

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018032

FILED
Mar 06, 2009
Secretary of State

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

Current Principal Place of Business:

80 DOCTORS DRIVE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

80 DOCTORS 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:

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

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: NEAL P. DUNN MD

03/06/2009

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 E MD
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM () Delete
Name: BEISWANGER, JAY C MD
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

Title: MGRM (X) Change () Addition
Name: EISENBROWN, JEANNE N MD
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify 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

DR

03/06/2009

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