2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# L01000018032

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 (X)**

Name and Address of Current Registered Agent:

DUNN, NEAL P MD
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
Name: DUNN, NEAL P M.D.
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

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

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

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

Title: MGRM
Name: HITT, WARREN T M.D.
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

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

I hereby 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 Statues.

SIGNATURE: STANLEY FULFORD ADMN 04/10/2012

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