2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# L06000031741

Entity Name: SOUTHEASTERN INTEGRATED MEDICAL, P.L.

Current Principal Place of Business:

4343 NEWBERRY ROAD, STE 18
GAINESVILLE, FL 32607

New Principal Place of Business:

4343 W NEWBERRY ROAD
SUITE 18
GAINESVILLE, FL 32607

Current Mailing Address:

P.O. BOX 357010
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number: 59-2819741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRUEGER, SCOTT DAVID
2750 NORTHWEST 43RD ST., STE 201
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

KRUEGER, SCOTT DAVID
2750 NW 43RD ST., STE 201
GAINESVILLE, FL 32606 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: 01/16/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DEPAZ, OSCAR B
Address: 4343 WEST NEWBERRY ROAD #18
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DEPAZ, OSCAR B
Address: 4343 W NEWBERRY ROAD SUITE 18
City-St-Zip: GAINESVILLE, FL 32607

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: OSCAR B DEPAZ MGRM 01/16/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date