

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031741

FILED
Jan 24, 2011
Secretary of State

Entity Name: SOUTHEASTERN INTEGRATED MEDICAL, P.L.

Current Principal Place of Business:

4343 W NEWBERRY ROAD
SUITE 18
GAINESVILLE, FL 32607

New Principal Place of Business:

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 NW 43RD ST., STE 201
GAINESVILLE, FL 32606 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: DEPAZ, OSCAR B
Address: 4343 W NEWBERRY ROAD SUITE 18
City-St-Zip: GAINESVILLE, FL 32607

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 Statutes.

SIGNATURE: OSCAR B DEPAZ

MGRM

01/24/2011

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