

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90244 011 ****70.00

DOCUMENT # N09138

1. Entity Name
VHA SOUTHEAST, INC.



Principal Place of Business
4211 W BOY SCOUT BLVD
#750
TAMPA, FL 33607

Mailing Address
4211 W BOY SCOUT BLVD
#750
TAMPA, FL 33607

60000616



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2550614

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE LEE
4211 W BOY SCOUT BLVD
#750
TAMPA, FL 33607

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	DOTSON, PHILIP E	
STREET ADDRESS	700 W MARKET STREET	
CITY-ST-ZIP	ATHENS, FL 35611	
TITLE	D	☐ Delete
NAME	JOHNSON, STEVEN M	
STREET ADDRESS	615 N BONITA AVE	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	TS	☐ Delete
NAME	KINDRED, BRYAN	
STREET ADDRESS	809 UNIVERSITY BLVD EAST	
CITY-ST-ZIP	TUSCALOOSA, AL 35401	
TITLE	C	☐ Delete
NAME	MEANS, MICHAEL D	
STREET ADDRESS	8249 DEVEREUX DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 329407955	
TITLE	D	☐ Delete
NAME	STEPHENS, JACK T	
STREET ADDRESS	1324 LAKELAND HILLS BLVD	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	D	☐ Delete
NAME	LACKEY, THOMAS O	
STREET ADDRESS	PO BOX 1050	
CITY-ST-ZIP	SCOTTSBORO, AL 35768	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature LEE LAWRENCE, PRES

1/4/07

813-350-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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