2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089622

Entity Name: SOUTHEASTERN HEALTHCARE CONSULTANTS, INC.

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
2000 CENTRE POINT BLVD TALLAHASSEE, FL 32308				2000 CENTRE POINTE BLVD TALLAHASSEE, FL 32308	
Current Mailing Address:			New Mailii	New Mailing Address:	
2000 CENTRE POINT BLVD TALLAHASSEE, FL 32308				2000 CENTRE POINTE BLVD TALLAHASSEE, FL 32308	
FEI Number:	59-3673576	FEI Number Applied For () FEI No	umber Not Appli	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
PIERCE, ROBERT A 227 S CALHOUN ST TALLAHASSEE, FL 32301 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:					
	Electronic	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES T				IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ROLLINS, RALEIO 2000 CENTRE PO TALLAHASSEE, F	DINT BLVD FL 32308 relete DINT BLVD	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD (X) Change () Addition ROLLINS, RALEIGH W 2000 CENTRE POINTE BLVD TALLAHASSEE, FL 32308 VD (X) Change () Addition BRADFORD, ROBERT S 2000 CENTRE POINTE BLVD TALLAHASSEE, FL 32308	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CAMPS, JOSEPH 2000 CENTRE PO TALLAHASSEE, F	DINT BLVD FL 32308 Pelete UL DINT BLVD	Title: Name: Address: City-St-Zip: Title: Name: Address:	STD (X) Change () Addition CAMPS, JOSEPH L 2000 CENTRE POINTE BLVD TALLAHASSEE, FL 32308 VD (X) Change () Addition SAWYER, W. PAUL 2000 CENTRE POINTE BLVD	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D () C SELLINGER, SCC 2000 CENTRE PO TALLAHASSEE, F	pelete DTT B DINT BLVD	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	TALLAHASSEE, FL 32308 VD (X) Change () Addition SELLINGER, SCOTT B 2000 CENTRE POINTE BLVD TALLAHASSEE, FL 32308 VD () Change (X) Addition TRAN, JEAN-PAUL 2000 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALEIGH W. ROLLINS PD 04/19/2006