

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010352

FILED
Apr 03, 2011
Secretary of State

Entity Name: SOUTHEASTERN MEDICAL SUPPLY, INC.

Current Principal Place of Business:

5918 STATE RD 542 WEST
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

378 E. DANIA BEACH BLVD
373
DANIA BEACH, FL 33004

New Mailing Address:

398 E. DANIA BEACH BLVD
373
DANIA BEACH, FL 33004

FEI Number: 03-0384756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METHOT, ELEANOR
851 N SURF RD
202
HOLLYWOOD, FL 33019 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

OFFICERS AND DIRECTORS:

Title: P
Name: METHOT, ELEANOR
Address: 851 N SURF RD # 202
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP
Name: METHOT, CELESTE
Address: 326 OKLAHOMA STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: ST
Name: FUCHS, MICHELE
Address: 6351 NE 175 AVENUE
City-St-Zip: WILLISTON, FL 32696

I hereby 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 all other like empowered.

SIGNATURE: ELEANOR METHOT

P

04/03/2011

Electronic Signature of Signing Officer or Director

Date