

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027285

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** SOUTHEAST MEDICAL & MOBILITY SUPPLY, INC.

**Current Principal Place of Business:**

3446 EAST LAKE ROAD  
SUITE 206  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

935 MAIN STREET  
SUITE B-3  
SAFETY HARBOR, FL 34695 US

**Current Mailing Address:**

3446 EAST LAKE ROAD  
SUITE 206  
PALM HARBOR, FL 34685

**New Mailing Address:**

PO BOX 15108  
CLEARWATER, FL 33766 US

**FEI Number:** 01-0637686

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DODDS, MICAH  
3446 EAST LAKE RD., STE 206  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

DODDS, MICAH A P  
935 MAIN STREET  
SUITE B-3  
SAFETY HARBOR, FL 34695 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: MICAH A DODDS

04/27/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DODDS, MICAH  
Address: 3446 EAST LAKE RD., STE 206  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DODDS, MICAH A  
Address: 935 MAIN STREET, SUITE B-3  
City-St-Zip: SAFETY HARBOR, FL 34695 US

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: MICAH A DODDS

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date