


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90009 006 \*\*\*150.00

<b>DOCUMENT # P02000053389</b> 1. Entity Name <b>SOUTHEAST IASIS, INC.</b>					
Principal Place of Business <b>255 NE 6TH AVE DELRAY BEACH, FL 33483</b>			Mailing Address <b>255 NE 6TH AVE DELRAY BEACH, FL 33483</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>56-2282235</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WINTZER, WILLIAM R 255 NE 6TH AVE DELRAY BEACH, FL 33483</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODYEAR, KIM 8018 NDCBU TAOS, NM 87571	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ SZERAI, JOHN 125 LA POSTA RD TAOS, NM 87571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MARTIN, MARTA 8018 NDCBU TAOS, NM 87571	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECHER, LAURA 125 LA POSTA RD TAOS, NM 87571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WORRELL, THOMAS E JR 255 NE 6TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WINTZER, WILLIAM R 255 NE 6TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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.					
<b>SIGNATURE:</b> <u>William R. Wintzer</u> <b>WILLIAM R WINTZER</b> <u>4/5/04</u> <u>(561) 243-2400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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02062004 Chg-P CR2E034 (10/03)