

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000099958

FILED  
Apr 15, 2003  
Secretary of State

Entity Name: SOUTHEASTERN MEDICAL RESOURCES, INC.

## Current Principal Place of Business:

8202 NATURE COVE WAY  
TAMPA, FL 336473224

## New Principal Place of Business:

9901 CYPRESS SHADOW AVENUE  
TAMPA, FL 336471852

## Current Mailing Address:

8202 NATURE COVE WAY  
TAMPA, FL 336473224

## New Mailing Address:

9901 CYPRESS SHADOW AVENUE  
TAMPA, FL 336471852

FEI Number: 54-2075506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLY, RICHARD  
8202 NATURE COVE WAY  
TAMPA, FL 336473224

## Name and Address of New Registered Agent:

BILLINGS, KORI D  
9901 CYPRESS SHADOW AVENUE  
TAMPA, FL 336471852

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: KORI D. BILLINGS

04/15/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D (X) Delete  
Name: KELLY, RICHARD  
Address: 8202 NATURE COVE WAY  
City-St-Zip: TAMPA, FL 336473224

Title: D ( ) Delete  
Name: BILLINGS, KORI  
Address: 8202 NATURE COVE WAY  
City-St-Zip: TAMPA, FL 336473224

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BILLINGS, KORI  
Address: 9901 CYPRESS SHADOW AVENUE  
City-St-Zip: TAMPA, FL 336471852

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KORI D. BILLINGS

P

04/15/2003

Electronic Signature of Signing Officer or Director

Date