

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038904

FILED
Feb 10, 2008
Secretary of State

Entity Name: SOUTHEAST MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

2515 MONTCLAIR CIRCLE
WESTON, FL 33327

New Principal Place of Business:

2515 MONTCLAIRE CIRCLE
WESTON, FL 33327

Current Mailing Address:

2515 MONTCLAIR CIRCLE
WESTON, FL 33327

New Mailing Address:

2515 MONTCLAIRE CIRCLE
WESTON, FL 33327

FEI Number: 14-1879590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAN, FERNANDO S ESQ.
710 S. DIXIE HWY.
CORAL GABLES, FL 33146 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERNANDEZ, MIGUEL
Address: 2515 MONTCLAIR CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: MIGUEL FERNANDEZ

D

02/10/2008

Electronic Signature of Signing Officer or Director

Date