


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90028 009 \*\*\*150.00

<b>DOCUMENT # P04000000813</b> 1. Entity Name <b>SOUTHEAST MEDICAL HOLDINGS, INC.</b>					
Principal Place of Business <b>603 MAIN ST WINDERMERE, FL 34786</b>			Mailing Address <b>603 MAIN ST WINDERMERE, FL 34786</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>58-2682752</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARKMAN, KEVIN 603 MAIN ST WINDERMERE, FL 34786</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	<b>DCAS DIZNEY, DONALD R 603 MAIN STREET WINDERMERE, FL 34786</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVC ENGLISH, JAMES E 603 MAIN STREET WINDERMERE, FL 34786</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS BARKMAN, KEVIN 603 MAIN STREET WINDERMERE, FL 34786</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP DIZNEY, DAVID A 603 MAIN STREET WINDERMERE, FL 34786</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FEHR, STEPHEN 603 MAIN STREET WINDERMERE, FL 34786</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DELEHUNT, JANINE 603 MAIN STREET WINDERMERE, FL 34786</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Donald R. Dizney 603 Main Street, Windermere, FL 34786</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP, Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Kevin Barkman 603 Main Street, Windermere, FL 34786</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir., President, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>David A. Dizney 603 Main Street, Windermere, FL 34786</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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>Kevin Barkman</u> <span style="float: right;">1/26/05 407-876-2200</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					