2006 FOR PROFIT CORPORATION

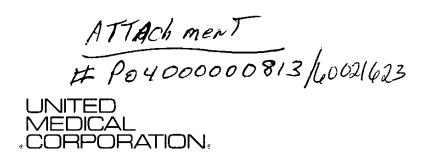
Secretary of State ANNUAL REPORT **DOCUMENT # P04000000813** 02-27-2006 90108 004 ***150.00 SOUTHEAST MEDICAL HOLDINGS, INC. Principal Place of Business Mailing Address 60021623 603 MAIN ST 603 MAIN ST WINDERMERE, FL 34786 WINDERMERE, FL 34786 3. Mailing Address P.O. Box 1100 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 58-2682752 Not Applicable <u>Windermere,</u> Country Country Zip **\$8.75** Additional__ _ 5. Certificate of Status Desired 34786-1100 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARKMAN, KEVIN Street Address (P.O. Box Number is Not Acceptable) 603 MAIN ST WINDERMERE, FL 34786 Zip Code City 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. nt. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DCAS TITLE ☐ Addition ☐ Delete TITLE ☐ Change DIZNEY, DONALD R NAME NAME STREET ADDRESS **603 MAIN STREET** STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP DC TITLE TITLE ☐ Change ☐ Addition XXDelete DIZNEY, DONALD R NAME NAME STREET ADDRESS **603 MAIN STREET** STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-7IP TITLE **EVPS** TITLE ☐ Delete Change | Addition NAME BARKMAN, KEVIN NAME STREET ADDRESS **603 MAIN STREET** STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP DPCEO TITLE ☐ Defete TITLE ☐ Change Addition DIZNEY, DAVID A NAME NAME STREET ADDRESS **603 MAIN STREET** STREET ADDRESS WINDERMERE, FL 34786 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE DVC Change noitibhA IX NAME NAME English, James E. STREET ADDRESS STREET ADDRESS 603 Main Street CITY-ST-ZIP CITY-ST-ZIP Windermere, FL 34786 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

Kam Barleman ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 27, 2006 8:00 am



February 24, 2006

Attn: Annual Reports Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

VIA U.S. MAIL

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00 for the Southeast Medical Holdings, Inc. (P04000000813) 2006 Annual Report.

Please call if you have any questions.

Sincerely,

M. Gunett

Executive Assistant to Kevin Barkman

KB/ne Enclosure