

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019799

FILED  
May 16, 2008  
Secretary of State

Entity Name: SOUTHERN HEALTH PARTNERS, INC.

**Current Principal Place of Business:**

705 JENKS AVE.  
PANAMA CITY, FL 32401 US

**New Principal Place of Business:**

**Current Mailing Address:**

705 JENKS AVE.  
PANAMA CITY, FL 32401 US

**New Mailing Address:**

FEI Number: 55-0890981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEGERS, PAUL  
705 JENKS  
PANAMA CITY, FL 32401 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KUDA, COLLEEN  
Address: 705 JENKS AVE.  
City-St-Zip: PANAMA CITY, FL 32401 US

Title: VP ( ) Delete  
Name: SEGERS, PAUL  
Address: 705 JENKS AVE.  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: COLLEEN A KUDA

MS.

05/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date