


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000080944 1. Entity Name SOUTHEAST HEALTH GROUP, INC.	
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Principal Place of Business 7900 NOVA DRIVE SUITE 205 DAVIE, FL 33324	Mailing Address 7900 NOVA DRIVE SUITE 205 DAVIE, FL 33324
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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1139559	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FLECK, VICTOR
7900 NOVA DRIVE
SUITE 205
DAVIE, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 *Victor Fleck* **VICTOR FLECK** 01/07/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000784275 01/16/08-80049-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FLECK, VICTOR 7900 NOVA DRIVE, SUITE 205 DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BLOOM, MARC J 7900 NOVA DRIVE, SUITE 205 DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR STEMBER, ANITA L 7900 NOVA DRIVE, SUITE 205 DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Victor Fleck* **VICTOR FLECK** 01/07/08 954 300 6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #