

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000110062

FILED
Jan 06, 2012
Secretary of State

Entity Name: SOUTHEASTERN CENTER FOR INFECTIOUS DISEASES PA

Current Principal Place of Business:

2009 MICCOSUKEE RD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2009 MICCOSUKEE RD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-5417408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, PHILBERT J PSTD
2009 MICCOSUKEE RD
TALLAHASSEE, FL 32308 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

OFFICERS AND DIRECTORS:

Title: PSTD
Name: FORD, PHILBERT J
Address: 2009 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: PHILBERT J FORD

PSTD

01/06/2012

Electronic Signature of Signing Officer or Director

Date