

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000113074

FILED
Jan 08, 2008
Secretary of State

Entity Name: SOUTHEASTERN HEALTHCARE CONSULTING GROUP, INC.

Current Principal Place of Business:

1803 MICCOSUKEE COMMONS DRIVE SUITE 101
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 12427
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 26-1273680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YON, DAVID A
301 SOUTH BRONOUGH ST
SUITE 200
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: THOMAS, HARRISON G
Address: 1803 MICCOSUKEE COMMONS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Change (X) Addition
Name: KARL, HEMPEL F MD
Address: 1803 MICCOSUKEE COMMONS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Change (X) Addition
Name: GARY, WINCHESTER E MD
Address: 1803 MICCOSUKEE COMMONS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Change (X) Addition
Name: CHARLES, LONG G MD
Address: 1803 MICCOSUKEE COMMONS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: THOMAS G. HARRISON

D

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date