

PI00000039353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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RO/Change
@ 9/7/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southeastern Clinical Specialists Inc
Name of Corporation

DOCUMENT NUMBER: P10000039353

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maxine Michael

Name of Contact Person

Firm/Company

757 SE 17th Street #325

Address

Ft. Lauderdale, FL 33316

City/State and Zip Code

mmichaelbud@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maxine Michael

Name of Contact Person

at (727) 415-9185

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP -2 AM 8:09

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2011

MAXINE MICHAEL
SOUTHEASTERN CLINICAL SPECIALTIES INC
757 SE 17TH STREET #325
FT. LAUDERDALE, FL 33316

SUBJECT: SOUTHEASTERN CLINICAL SPECIALTIES INC.
Ref. Number: P10000039353

We have received your document for SOUTHEASTERN CLINICAL SPECIALTIES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 311A00019253

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Southeastern Clinical Specialists Inc

2. The principal office address: 757 SE 17th St. #325
Ft. Lauderdale, FL 33316

3. The mailing address (if different): same

4. Date of incorporation/qualification: June 4 2010 Document number: P10000039353

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

As
Maxine Michael
2801 NE 10th Ave
757 SE 17th Street #325
Wilton Manors FL 33334
Ft Lauderdale FL 33316

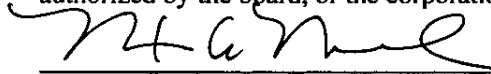
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MAXINE A. Michael
757 SE 17th Street #325
Ft. Lauderdale, FL 33316
P.O. Box NOT acceptable

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP - 2 AM 9:46


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Maxine A. Michael, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

8-10-11
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)