FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90058 011 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000014008**1. Corporation Name

SOUTHEASTERN MEDICAL COLLECTION SERVICES, INC.

Principal Plac	e of Rusiness	Mailing Address						
730 S STERLING AVE 730 S STERLING								
302	IO ATE	302						
TAMPA FL 33609 TAMPA FL 33609						DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed		
						02/17/1994		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	— <u> </u>	plied For
21		26				59-3226526		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	
22		27					Fee Re	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	*
23		28	Cour	.		Trust Fund Contribution	Added t	o Fees
Zìp	Country	Zip	Coun	iu y		8. This corporation owes the current y	/ear intangible ☐ Yes	□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Regis		
	9. Name and Address of Curre	nt Registered Agent		81 Name		IV. Italie and Address of New Regis	stered Agent	
RFA	RD, JOHN B			1121110				
3704 SWANN AVENUE				82 Street	Addres	ss (P.O. Box Number is Not Acceptable)		
	PA FL 33609		-	83				
• / 11 • 1				05				
				84 City			FL 85 Zip (Code
	60 6 807 05	00 - 1 007 4500 Florida Chak	45- 25			ntion cubmits this statement for the nurr		registered
11. Pursuant office or r	to the provisions of Sections 607.056 egistered agent, or/both, in the State	u2 and 607.1508, Florida Statuti e of Florida. Such change was a	es, the ab uthorized	ove-named by the corp	oration	ation submits this statement for the purp 's board of directors. I hereby accept the	e appointment as re	gistered
agent. I a	m familiar with, and accept the abliga	ations of, Section 607.0505, Flo	rida Statu	tes.			1-19.9	9
SIGNATURE	< //n/11/12	dif					DATE	/
	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: ND DIRECTORS	: Registered A	gent signature	requirea v	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	PD OFFICERS AI	DELETE	1.1 TITL	F	Τ	Abbittotottattozo (o c. t.o.	Change	Addition
	BEARD, JOHN B	2, 2-1-1-	1.2 NAM					
NAME	3704 SWANN AVE			EET ADDRESS	HO	a ctarling of son		
STREET ADDRESS	4		4		130	3 8 3/2/1/19 670 202		
C(TY-ST-ZIP	TAMPA FL	☐ DELETE	1.4 CIT	/-ST-ZIP		om so El 22600	•	
TITLE			24 TID	_	70	s. sterling, ste 302 ampa, F1. 33609	☐ Change	[] Addition
NAME			2.1 TITL		70	ampa, Fl. 33609	☐ Change	Addition
STREET ADDRESS		□ pereie	2.2 NAM	AE		ampa, Fl. 33609	☐ Change	[] Addition
		☐ DEFE15	2.2 NAM 2.3 STR	ME EET ADDRESS		ampa, Fl. 33609	☐ Change	Addition
CITY-ST-ZIP			2.2 NAM 2.3 STR 2. 4 CIT	ME EET ADDRESS Y-ST-ZIP		ampa, Fl. 33609	☐ Change	Addition
CITY-ST-ZIP		☐ DELETE	2.2 NAM 2.3 STR 2. 4 CIT 3.1 TITL	ME BEET ADDRESS Y-ST-ZIP BE		2 S. Sterling, Ste 302 2 mpa, Fl. 33609	☐ Change	
CITY-ST-ZIP TITLE NAME			2.2 NAN 2.3 STR 2. 4 CIT 3.1 TITL 3.2 NAN	ME REET ADDRESS Y-ST-ZIP RE	-	2 S. Sterling, Ste 302 2 mpa, Fl. 33609	☐ Change	
CHY-ST-ZIP TITLE NAME STREET ADDRESS			2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS	-	2 S. Sterling, Ste 302 2 mpa, Fl. 33609	☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT	ME EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP	-	2 S. Sterling, Ste 302 2 mpa, Fl. 33609	∴ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT	ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE LEET ADDRESS	-	2 S. Sterling, Ste 302 2 mpa, Fl. 33609	☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.2 NAA 2.3 STR 2. 4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAA	ME EEET ADDRESS Y-ST-ZIP E ME EEET ADDRESS Y-ST-ZIP E ME ME		2 S. Sterling, Ste 302 2mpa, Fl. 33609	∴ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR	ME EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP E EET ADDRESS		2 S. Sterling, Ste 302 2mpa, Fl. 33609	∴ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	22 NAA 23 STF 2.4 CIT 3.1 TITL 32 NAA 3.3 STF 3.4. CIT 4.1 TITL 4.2 NA4 4.3 STF 4.4 CIT	ME MEET ADDRESS Y-ST-ZIP E MEET ADDRESS Y-ST-ZIP E ME M		2 S. Sterling, Ste 302	Change Change Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE		☐ DELETE	22 NAM 23 STR 2.4 CIT 3.1 TITL 32 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL	ME MEET ADDRESS Y-ST-ZIP E MEET ADDRESS Y-ST-ZIP E ME ME ME ME ME ME ME ME ME		ampa, F1. 33609	∴ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM	ME MEET ADDRESS Y-ST-ZIP E MEET ADDRESS Y-ST-ZIP E MEET ADDRESS (-ST-ZIP E ME		2 S. Sterling, Ste 302	Change Change Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		☐ DELETE	2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	ME MEET ADDRESS Y-ST-ZIP E MEET ADDRESS Y-ST-ZIP E ME ME ME ME ME ME ME ME ME		2 S. Sterling, Ste 302	Change Change Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.3 STR 5.4 CIT	ME MEET ADDRESS Y-ST-ZIP E MEET ADDRESS Y-ST-ZIP E ME MEET ADDRESS (-ST-ZIP E ME ME ME ME ME ME ME ME ME		ampa, F1. 33609	Change	Addition Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CIT 6.1 TITL	ME MEET ADDRESS Y-ST-ZIP MEET ADDRESS Y-ST-ZIP E ME MEET ADDRESS (-ST-ZIP E ME ME ME ME ME ME ME ME ME		2 S. Sterling, Ste 302	Change Change Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME		☐ DELETE	22 NAM 2.3 STR 2.4 CIT 3.1 TITL 32 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 6.4 CIT 6.1 TITL 6.2 NAM	ME REET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP E ME REET ADORESS (-ST-ZIP E AE REET ADORESS (-ST-ZIP E AE REET ADORESS		ampa, F1. 33609	Change	Addition Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	22 NAM 23 STR 2. 4 CIT 3.1 TITL 32 NAM 3.3 STR 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 6.1 TITL 6.2 NAM 6.3 STR	ME MEET ADDRESS Y-ST-ZIP MEET ADDRESS Y-ST-ZIP E ME MEET ADDRESS (-ST-ZIP E ME ME ME ME ME ME ME ME ME		2 S. Sterring, Ste 302	Change	Addition Addition Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE: