

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000017742 (5)

1. Corporation Name

SOUTHEAST MEDICAL EVALUATIONS, INC.



Principal Place of Business

9017 BAYBURY LANE
SUITE 105
WEST PALM BEACH FL 33411
US

Mailing Address

9017 BAYBURY LANE
105
WEST PALM BEACH FL 33411
US

3. Date Incorporated or Qualified
03/07/1994

3a. Date of Last Report
02/13/1995

2. Principal Place of Business
21 3011 EXCHANGE CT. SUITE 105

2a. Mailing Address

Suite, Apt. #, etc.

22 SUITE 105

City & State

23 WEST PALM BEACH FL

Zip

24 33411

Country

25 FLORIDA

29

30

4. FEI Number

65-0476922

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEMEGRAM, BARRY
SOUTHEAST MEDICAL EVALUATION
3011 EXCHANGE CT., SUITE 105
WEST PALM BEACH FL 33409

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SEMEGRAM, SUSAN
STREET ADDRESS 3011 EXCHANGE CT., STE 105
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE VP
NAME WASSERMAN, FRAN
STREET ADDRESS 2982 HARVEY AVE
CITY-ST-ZIP OCEANSIDE NY 11572

TITLE VD
NAME COHEN, JANET
STREET ADDRESS 219 THOMPSON AVE
CITY-ST-ZIP OCEANSIDE NY 11572

TITLE C
NAME SEMEGRAM, BARRY
STREET ADDRESS 3011 EXCHANGE CT., STE 105
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/95
Date

Daytime Phone #

CR2E034 (12/95)