

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

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90028 014 \*\*\*150.00

DOCUMENT # P95000032286

1. Corporation Name

SOUTHEASTERN MEDICAL REVIEW CONSULTANTS INC.

Principal Place of Business

1141 WEDGE WAY  
SPRING HILL FL 34608  
US

Mailing Address

1141 WEDGE WAY  
SPRING HILL FL 34608  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1995

4. FEI Number

59-3372127

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4706 Inisheer Ct

2a. Mailing Address

26 4706 Inisheer Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tallahassee FL

City & State

28 Tallahassee FL

Zip

24 32308

Country

25 Leon

Zip

29 32308

Country

30 Leon

9. Name and Address of Current Registered Agent

KOPITNIK, NANCY L DR.  
1141 WEDGE WAY  
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

81 Name

Same

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

4706 Inisheer Court

84 City

Tallahassee

FL

85 Zip Code

32308

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEEKOPITNIK, NANCY  
STREET ADDRESS 1141 WEDGE WAY  
CITY-ST-ZIP SPRING HILL FL 34608  
*misspelled*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Kopitnik, Nancy Lee  
4706 Inisheer Court  
Tallahassee, FL 32308  
☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ 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 on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850) 488-9060  
Daytime Phone #

CR2E034 (11/98)