

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

FILED
May 18 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000067973 (4)

1. Corporation Name

SOUTHEAST MEDICAL, INC.

Principal Place of Business

3300 S.W. 46TH AVE
DAVIE FL 33314

Mailing Address

3300 S.W. 46TH AVE.
DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1995

4. FEI Number

65-0604273

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 275 E OAKLAND PARK BLVD

Suite, Apt. #, etc.

22a. Mailing Address

27 Suite, Apt. #, etc.

City & State

23 FT LAUDERDALE, FL

City & State

28

Zip

24 33334

Country

25 BROWARD

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GRAY, REID

4013 N. UNIVERSITY DR., #1106
SUNRISE FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FT LAUDERDALE

FL

85 Zip Code

33334

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

Michael Block

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

(NOTE: Registered Agent signature required when reinstating)

4/30/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GRAY, REID
STREET ADDRESS 4013 N. UNIVERSITY DRIVE, #1106
CITY-ST-ZIP SUNRISE FL 33324

TITLE ☐ DELETE

NAME LICA, STEVE
STREET ADDRESS 150 NE 15TH AVE # 1335
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☒ DELETE

NAME BOYLE, ROBERT
STREET ADDRESS 615 NE 10 AVENUE, #8
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME *VP*

1.3 STREET ADDRESS *275 E OAKLAND PARK BLVD*

1.4 CITY-ST-ZIP *FT LAUDERDALE, FL 33334*

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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/30/98 954-5667540

Daytime Phone # 024895

CR2E034 (10/97)