

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067973

1. Entity Name

SOUTHEAST MEDICAL, INC.

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90002 032 ***150.00

Principal Place of Business
 275 E OAKLAND PARK BLVD
 FT LAUDERDALE FL 33334
 US

Mailing Address
 3300 S.W. 46TH AVE.
 DAVIE FL 33314-2215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3300 SW 46th Ave Mailing Address 3652 N. Andrews Ave
~~3652 N. Andrews Ave~~
 Suite, Apt. #, etc.

City & State DAVIE FL City & State FT. LAUDERDALE
FL LAUDERDALE
 Zip 33314 Country USA Zip 33304 Country USA

4. FEI Number 65-0604273 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLOCK, MICHAEL
 275 E OAKLAND PARK BLVD
 FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name BLOCK STEVE LICA
 Street Address (P.O. Box Number is Not Acceptable)
3652 N. ANDREWS AVENUE
3300 SW 46 ST
 City DAVIE FL Zip Code 33314
FT. LAUDERDALE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRAY, REID	
STREET ADDRESS	4013 N. UNIVERSITY DRIVE, #1106	
CITY-ST-ZIP	SUNRISE FL 33324	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LICA, STEVE	
STREET ADDRESS	150 NE 15TH AVE # 1335	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLOCK, MICHAEL	
STREET ADDRESS	275 E OAKLAND PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-2000 (954) 566-7540