

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067973

1. Entity Name

SOUTHEAST MEDICAL, INC.

FILED

Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90160 028 \*\*\*158.75

U0038423



DO NOT WRITE IN THIS SPACE

Principal Place of Business

275 E OAKLAND PARK BLVD  
FT LAUDERDALE FL 33334  
US

Mailing Address

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

2. Principal Place of Business

3300 SW 46 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

4. FEI Number

65-0604273

Applied For

Not Applicable

Zip

33314

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOCK, MICHAEL

275 E OAKLAND PARK BLVD  
FT LAUDERDALE FL 33334

Name

STEVE LICA

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

3300 SW 46<sup>th</sup> AVENUE

City

DAVIE

FL

Zip Code

33314

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.

STEVE LICA VP

4-12-2001

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME GRAY, REID  
STREET ADDRESS 4013 N. UNIVERSITY DRIVE, #106  
CITY-ST-ZIP SUNRISE FL 33324

☐ Delete

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

☐ Delete

TITLE VP  
NAME BLOCK, MICHAEL  
STREET ADDRESS 275 E OAKLAND PARK BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33304

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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, e-mail or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE LICA V.P.

Date

Daytime Phone #

4-12-2001

CR2E034 (10/00)