

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90191 014 ***150.00

DOCUMENT # P95000067973

1. Entity Name
SOUTHEAST MEDICAL, INC.



Principal Place of Business
3300 SW 46 AVENUE
DAVIE FL 33314
US

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



2. Principal Place of Business
1405 POINSETTIA DR

3. Mailing Address
1405 POINSETTIA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#10

#10

☐ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

4. FEI Number 65-0604273

Applied For
Not Applicable

Zip
33444

Country
U.S.A.

Zip
33444

Country
USA.

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

LICA, STEVE
3300 SW 46 AVENUE
DAVIE FL 33314

Name
LICA, STEVEN F.
Street Address (P.O. Box Number is Not Acceptable)
1405 POINSETTIA DR.
#10
City
DELRAY BEACH FL Zip Code
33444

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE P
NAME Gray, Reid
STREET ADDRESS 4 Turner Road
CITY-ST-ZIP Maclelland, Ma. ☒ Change ☐ Addition

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

TITLE VP
NAME Lica, Steve
STREET ADDRESS 6238 NW 16th Ave
CITY-ST-ZIP Coral Springs, FL 33076 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

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

1/13/03 (561) 274-9664
Date Daytime Phone #

CR2E034 (10/02)