

# 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

FORM 970

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1405 POINSETTIA DR**

3. Mailing Address  
**1405 POINSETTIA DR.**

Suite, Apt. #, etc.  
**#10**

Suite, Apt. #, etc.  
**#10**

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

TITLE  Change  Addition  
NAME **P Gray, Reid**  
STREET ADDRESS **4 Turner Road**  
CITY-ST-ZIP **Marblehead, Ma.**

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

TITLE  Change  Addition  
NAME **VP LICA, Steve**  
STREET ADDRESS **6238 NW 16th Ave**  
CITY-ST-ZIP **Coral Springs, FL. 33076**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**1/13/03**

DAYTIME PHONE #  
**(561) 274-9664**

CR20034 (10/02)