1 of 2

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL -1 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000055117 (1)**

1. Corporation Name
SOUTHEASTERN IPA SERVICES, INC.

Principal Place of Business	Mailing Address
~~101 E. KENNEDY BLVD.~~ 4063 Salisbury Rd. ~~101 E. KENNEDY BLVD.~~ ~~SUITE 2000~~ ~~TAMPA FL 33602~~	SUITE 2000 TAMPA FL 33602-5149

3. Date Incorporated or Qualified: 06/28/1996
3a. Date of Last Report:

2. Principal Place of Business
21 4063 Salisbury Rd.
Suite, Apt. #, etc.
22 Suite 205
City & State
23 Jacksonville FL
Zip 24 32216 Country 25 Duval

2a. Mailing Address
26 same as 2.
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: ☑ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ ~~No~~

9. Name and Address of Current Registered Agent

ROCK, R A ESQ.
101 E. KENNEDYBLVD.
SUITE 2000
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	DOLAN, JAMES B MD		1.2 NAME	DOLAN, JAMES B. MD	
STREET ADDRESS	4063 SALISBURY RD. SUITE 205		1.3 STREET ADDRESS	4063 SALISBURY RD. SUITE 205	
CITY-ST-ZIP	JACKSONVILLE FL 32216		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		☐ DELETE	2.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME			2.2 NAME	DOLAN, CHERYL	
STREET ADDRESS			2.3 STREET ADDRESS	1205 MAPLETON RD.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	100002230671--5	
STREET ADDRESS			3.3 STREET ADDRESS	-07/03/97--01131--009	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****165.00 ****165.00	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JB 7-2-97	

CR2E034 (9/96)

14. I do 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: Cheryl A Dolan CHERYL S DOLAN 6/30/97 904/896-4040

June 25, 1997

To Whom It May Concern:

I have been out of the country and received this returned report which states "return within 30 days from date of letter." I did not return until after this deadline and am requesting that you still accept this corrected report without payment of the late fee.

This is a corporation which is just now about to be funded so we have now applied for its FEIN but have not received the assigned number.

I would appreciate your consideration in this matter. I may be reached at 904-396-7119.

Sincerely,
Cheryl A. Dolan
Secretary/Treasurer
Southeastern IPA Services, Inc.