


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000018794 (2)
 1. Corporation Name
SOUTHEASTERN UROLOGICAL CORPORATION, INC.



Principal Place of Business 1315 HODGES DR TALLAHASSEE FL 32308	Mailing Address 1315 HODGES DR TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1997	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State
27 Zip	28 Country	29 Zip	30 Country	4. FEI Number 59-3470639	Applied For Not Applicable
				5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PROCTOR, H. PALMER 227 S CALHOUN ST TALLAHASSEE FL 32301				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	STD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CAMPS, JOSEPH D			1.2 NAME	DAVID D. MILES		
STREET ADDRESS	1315 HODGES DR			1.3 STREET ADDRESS	1207 Hodges Dr		
CITY-ST-ZIP	TALLAHASSEE FL 32308			1.4 CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MILES, DAVID D			2.2 NAME	James C. Springer		
STREET ADDRESS	1207 HODGES DR			2.3 STREET ADDRESS	1207 Hodges Drive		
CITY-ST-ZIP	TALLAHASSEE FL 32308			2.4 CITY-ST-ZIP	Tallahassee, FL 32327		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	POTTS, WILLIAM E			3.2 NAME			
STREET ADDRESS	1207 HODGES DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROLLINS, RALEIGH W			4.2 NAME			
STREET ADDRESS	1207 HODGES DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SAWYER, W. PAUL			5.2 NAME			
STREET ADDRESS	1207 HODGES DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SELLINGER, SCOTT B			6.2 NAME			
STREET ADDRESS	1207 HODGES DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			6.4 CITY-ST-ZIP			

14. 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 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.

Handwritten signatures and dates: 2/11/98, STA/309-0500

CP2E034 (10/97)