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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000018794

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/28/1997

2. Principal Place of Business
21 2000 Centre Pointe Blvd
Suite, Apt. #, etc.
22 Tallahassee, FL
City & State
23 32308 USA
Zip Country

2a. Mailing Address
26 2000 Centre Pointe Blvd
Suite, Apt. #, etc.
27 Tallahassee, FL
City & State
28 32308 USA
Zip Country

4. FEI Number
59-3470639
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 owes the current year Intangible Personal Property Tax. Yes 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
85 Zip Code
FL

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 _____

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include: STD CAMPS, JOSEPH D; D MILES, DAVID D.; D POTTS, WILLIAM E; PD ROLLINS, RALEIGH W; VD SAWYER, W. PAUL; D SELLINGER, SCOTT B.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row includes: D Springer, James C.

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, with all other like empowered.

SIGNATURE: _____ DATE: 4/19/99 DAYTIME PHONE #: _____

CR2E034 (11/98)