

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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90040 028 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000059086**

1. Corporation Name  
**SOUTHEAST SURGICAL, INC.**



Principal Place of Business 1430 CORNER OAKS DRIVE BRANDON FL 33510	Mailing Address 1430 CORNER OAKS DRIVE BRANDON FL 33510
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/07/1997</b>	
4. FEI Number <b>59-3469485</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 <b>4418 Begonia Ct</b>	2a. Mailing Address 26 <b>4418 Begonia Ct</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 <b>Windermere FL</b>	City & State 28 <b>Windermere FL</b>
Zip 24 <b>34786</b>	Country 25 <b>USA</b>
Country 29 <b>USA</b>	Zip 30 <b>34786</b>

9. Name and Address of Current Registered Agent <b>SCHMIDT, DAVID B</b> 1430 CORNER OAKS DRIVE BRANDON FL 33510	10. Name and Address of New Registered Agent 81 Name <b>Schmidt, David B.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4418 Begonia Ct</b> 83 84 City <b>Windermere</b> FL 85 Zip Code <b>34786</b>
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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 <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Schmidt, David B</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHMIDT, DAVID B</b>		1.2 NAME <b>Schmidt, David B</b>	<b>address</b>
STREET ADDRESS <b>1430 CORNER OAKS DRIVE</b>		1.3 STREET ADDRESS <b>4418 Begonia Ct</b>	
CITY-ST-ZIP <b>BRANDON FL 33510</b>		1.4 CITY-ST-ZIP <b>Windermere FL 34786</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Schmidt, Sally A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHMIDT, SALLY A</b>		2.2 NAME <b>Schmidt, Sally A</b>	<b>address</b>
STREET ADDRESS <b>1430 CORNER OAKS DRIVE</b>		2.3 STREET ADDRESS <b>4418 Begonia Ct</b>	
CITY-ST-ZIP <b>BRANDON FL 33510</b>		2.4 CITY-ST-ZIP <b>Windermere FL 34786</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** **4-21-99** **407-654-0061**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)