

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-01-1999 90040 028 ***150.00

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1997

4. FEI Number

59-3469485

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

2. Principal Place of Business

2a. Mailing Address

21 **4418 Begonia Ct**

26 **4418 Begonia Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Windermere FL**

28 **Windermere FL**

24 Zip Country

29 Zip Country

34786 USA

34786 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHMIDT, DAVID B
1430 CORNER OAKS DRIVE
BRANDON FL 33510**

81 Name

Schmidt, David B.

82 Street Address (P.O. Box Number is Not Acceptable)

4418 Begonia Ct

83

84 City

Windermere

FL

85 Zip Code

34786

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SCHMIDT, DAVID B**
STREET ADDRESS **1430 CORNER OAKS DRIVE**
CITY-ST-ZIP **BRANDON FL 33510**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Schmidt, David B**
1.3 STREET ADDRESS **4418 Begonia Ct**
1.4 CITY-ST-ZIP **Windermere FL 34786**

TITLE **D** ☐ DELETE
NAME **SCHMIDT, SALLY A**
STREET ADDRESS **1430 CORNER OAKS DRIVE**
CITY-ST-ZIP **BRANDON FL 33510**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Schmidt, Sally A**
2.3 STREET ADDRESS **4418 Begonia Ct**
2.4 CITY-ST-ZIP **Windermere FL 34786**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99 **407-654-0061**
Date Daytime Phone #

CR2E034 (11/98)