

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

FILED  
Mar 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000084262 (9)**

1. Corporation Name

**SOUTHEASTERN MED-SERVICE SPECIALISTS, INC.**

Principal Place of Business

Mailing Address

**11000 NE 9 COURT  
MIAMI FL 33161**

**11000 NE 9 COURT  
MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/29/1997**

4. FEI Number

**65-0780116**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 11000 NE 9th COURT**

Suite, Apt. #, etc.

**22**

City & State

**23 MIAMI, FL**

Zip

**24 33161**

Country

**25**

2a. Mailing Address

**26 11000 NE 9th COURT**

Suite, Apt. #, etc.

**27**

City & State

**28 MIAMI, FL**

Zip

**29 33161**

Country

**30**

9. Name and Address of Current Registered Agent

**FOUNTAIN, ROBERT F  
11000 NE 9 COURT  
MIAMI FL 33161**

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:  **ROBERT F. FOUNTAIN PRESIDENT**

DATE **3-2-98**

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME  
President  
Robert F. Fountain  
STREET ADDRESS  
11000 NE 9th Court  
CITY-ST-ZIP  
MIAMI, FL 33161**

TITLE ☐ DELETE

**NAME  
Secretary  
Tracy D. Simpson  
STREET ADDRESS  
6953 Barcelona Blvd.  
CITY-ST-ZIP  
Macon, GA 31206**

TITLE ☐ DELETE

**NAME  
CEO  
Jimmie J. Selph  
STREET ADDRESS  
1715 Green Street  
CITY-ST-ZIP  
Warner Robins, GA 31088**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP**

☐ Change ☐ Addition

**21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP**

☐ Change ☐ Addition

**31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP**

☐ Change ☐ Addition

**41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP**

☐ Change ☐ Addition

**51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP**

☐ Change ☐ Addition

**61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 registered 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:  **ROBERT F. FOUNTAIN 3/2/98**

CR2E034 (10/97)