

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084262

1. Entity Name

SOUTHEASTERN MED-SERVICE SPECIALISTS, INC.

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90082 012 ***150.00

Principal Place of Business

11000 NE 9TH CT
MIAMI FL 33161
US

Mailing Address

11000 NE 9TH CT
MIAMI FL 33161-7606
US

2. Principal Place of Business

7325 SW 63RD AVE

Suite, Apt. #, etc.

203

City & State

MIAMI FL

Zip
33143

Country

USA

3. Mailing Address

7325 SW 63RD AVE

Suite, Apt. #, etc.

203

City & State

MIAMI FL

Zip
33143

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0780116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, ROBERT F
11000 NE 9 COURT
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

ROBERT FOUNTAIN PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

3-10-00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME FOUNTAIN, ROBERT F
STREET ADDRESS 11000 NE 9TH CT
CITY-ST-ZIP MIAMI FL 33161

TITLE CEO ☐ Delete

NAME SELPH, JIMMIE J
STREET ADDRESS 1715 GREEN ST
CITY-ST-ZIP WARNER ROBINS GA 31088

TITLE S ☒ Delete

NAME SIMPSON, TRACY D
STREET ADDRESS 6953 BARCELONA BLVD.
CITY-ST-ZIP MACON GA 31206

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ~~PATRICIA S. WALKER~~ ☐ Change ☒ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ~~S. PATRICIA S. WALKER~~ ☐ Change ☒ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ~~S. PATRICIA S. WALKER~~ ☐ Change ☒ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ~~1822 WATSON BLVD~~ ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ~~WARNER ROBINS GA 31093~~ ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT FOUNTAIN, President

Date

3-10-00

Daytime Phone #

305 661 5650

CR2E034 (9/99)