

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90068 005 ***158.75

0189043

DOCUMENT # P97000084262

1. Entity Name
SOUTHEASTERN MED-SERVICE SPECIALISTS, INC.

Principal Place of Business

7325 SW 63RD AVE
 #203
 MIAMI FL 33143
 US

Mailing Address

7325 SW 63RD AVE
 #203
 MIAMI FL 33143
 US

2. Principal Place of Business

4620 SW 74th Ave

Suite, Apt. #, etc.

3. Mailing Address

4620 SW 74th Ave

Suite, Apt. #, etc.

City & State

MIAMI, FL 33155

City & State

MIAMI, FL

4. FEI Number **65-0780116**

Applied For

Not Applicable

Zip

Country

33155 US

Zip

Country

33155 US

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.

(NOTE: Registered Agent signature required when reinstating)

2-16-01

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, 2001 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 **SELP, JIMMIE J**
 STREET ADDRESS **1715 GREEN ST**
 CITY-ST-ZIP **WARNER ROBINS GA 31088**

TITLE **S** ☐ Delete
 NAME **WALKER, PATRICIA S**
 STREET ADDRESS **1822 WATSON BLVD**
 CITY-ST-ZIP **WARNER ROBINS GA 31093**

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 ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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

2-16-01

Date

305 661-5650

Daytime Phone #

CR2E034 (10/00)