

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000084262

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



Principal Place of Business
4620 SW 74TH AVE
MIAMI, FL 33155 US

Mailing Address
4620 SW 74TH AVE
MIAMI, FL 33155 US

FILED

04 JUL 23 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0780116

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

4-1-04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOUNTAIN, ROBERT F
STREET ADDRESS	11000 NE 9TH CT
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	CEO
NAME	SELPH, JIMMIE J
STREET ADDRESS	1715 GREEN ST
CITY-ST-ZIP	WARNER ROBINS, GA 31088
TITLE	S
NAME	WALKER, PATRICIA S
STREET ADDRESS	1822 WATSON BLVD
CITY-ST-ZIP	WARNER ROBINS, GA 31093
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800039535048
07/26/04--01067--008 **150.00

DO NOT WRITE
IN THIS SPACE

12. 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 10 or Block 11 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

4/1/04
Date

305-264-2023
Daytime Phone #