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
99 MAY 18 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000105880

1. Corporation Name: Southeastern Medical Associates, P.A.

Principal Place of Business / Mailing Address:
1690 Raymond Diehl Rd #C-1
Tallahassee, FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1690 Raymond Diehl Rd	26 1690 Raymond Diehl Rd.
Suite, Apt. #, etc. 22 #C-1	Suite, Apt. #, etc. 27 C-1
City & State 23 Tallahassee, Fl	City & State 28 Tallahassee Fl
Zip 24 32308 Country 25 USA	Zip 29 32308 Country 30 USA

3. Date Incorporated or Qualified: 1/12/98

4. FEI Number: 59-3532050 — [ ] 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 [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Robert A. Pierce	81 Name
227 South Calhoun St.	82 Street Address (P.O. Box Number is Not Acceptable)
Tallahassee, FL 32301	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 — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	[ ] Change [ ] Addition
NAME	Karl F. Heberer MD	12 NAME	
STREET ADDRESS	1690 Raymond Diehl Rd #C-1	13 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308	14 CITY-ST-ZIP	
TITLE	V [ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	Terrance E. McCoy, MD	22 NAME	
STREET ADDRESS	1690 Raymond Diehl Rd #C-1	23 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308	24 CITY-ST-ZIP	
TITLE	T [ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	Gary F. Winchester MD	32 NAME	
STREET ADDRESS	1690 Raymond Diehl Rd # C-1	33 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308	34 CITY-ST-ZIP	
TITLE	S [ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	Charles M. Lobl MD	42 NAME	
STREET ADDRESS	1690 Raymond Diehl Rd #C-1	43 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308	44 CITY-ST-ZIP	
TITLE	S [ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME	Louis St. Peter MD	52 NAME	
STREET ADDRESS	1690 Raymond Diehl Rd #C-1	53 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308	54 CITY-ST-ZIP	
TITLE	S [ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME	William Keppler MD	62 NAME	
STREET ADDRESS	1690 Raymond Diehl Rd #C-1	63 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308	64 CITY-ST-ZIP	

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****150.00 ****150.00

CR2E034 (11/98)

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: _____ 4/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

05/24/99 (W)