

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105880

1. Entity Name

SOUTHEASTERN MEDICAL ASSOCIATES, P.A.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90192 003 \*\*\*150.00

Principal Place of Business

1690 RAYMOND DIEHL ROAD  
#C-1  
TALLAHASSEE FL 32308

Mailing Address

1690 RAYMOND DIEHL ROAD  
#C-1  
TALLAHASSEE FL 32308-3742

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3532050

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERCE, ROBERT A  
227 SOUTH CALHOUN STREET  
TALLAHASSEE FL 32301

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HEMPEL, KARL F MD	
STREET ADDRESS	1690 RAYMOND DIEHL ROAD #C-1	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, TERRANCE E MD	
STREET ADDRESS	1690 RAYMOND DIEHL ROAD #C-1	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input type="checkbox"/> Delete
NAME	WINCHESTER, CARY F MD	
STREET ADDRESS	1690 RAYMOND DIEHL ROAD #C-1	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	S	<input type="checkbox"/> Delete
NAME	LONG, CHARLES MD	
STREET ADDRESS	1690 RAYMOND DIEHL ROAD #C-1	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ST. PETERY, LOUIS MD	
STREET ADDRESS	1690 RAYMOND DIEHL ROAD #C-1	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	S	<input type="checkbox"/> Delete
NAME	KEPPER, WILLIAM MD	
STREET ADDRESS	1690 RAYMOND DIEHL ROAD #C-1	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY, WILLIAM, DO	
STREET ADDRESS	1690 RAYMOND DIEHL RD. #C-1	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS ST. PETERY, MD	
STREET ADDRESS	1690 RAYMOND DIEHL RD. #C-1	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD W. WILLIAM, MD	
STREET ADDRESS	1690 RAYMOND DIEHL RD. #C-1	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)