

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
 05-15-2000 90268 048 ***150.00

DOCUMENT # P97000106941

1. Entity Name

SOUTHEAST MEDICAL CENTERS, INC.

Principal Place of Business

Mailing Address

318 S. STATE RD. 7
 MARGATE FL 33068

318 S. STATE RD. 7
 MARGATE FL 33068-5703

725918



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1903 S. Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400

City & State

City & State

Boynton Beach FL

4. FEI Number

65-0801105

Applied For

Not Applicable

Zip

Country

Zip

Country

33426

USA

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

Name

Daniel W. Bivins Jr.

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

1903 S. Congress Ave

400

City

Boynton Beach FL

Zip Code

33426

MCCOY, KEVIN

7378 WEST ATLANTIC BLVD #312

MARGATE FL 33063

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

Daniel W. Bivins Jr.

Daniel Bivins Jr 4/28/00

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 NAME STREET ADDRESS CITY-ST-ZIP | P MCCOY, KEVIN 7241 SOUTHGATE BLVD MARGATE FL 33068 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V 318 S. State Rd 7 Margate FL 33068 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P Dana Pusateri 1903 S. Congress Ave. # 400 Boynton Beach FL 33426 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Paul Pershes 1903 S. Congress Ave # 400 Boynton Beach FL 33426 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Tr Arthur Kobrin 1903 S. Congress Ave. # 400 Boynton Beach FL 33426 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Denise Schumann 1903 S. Congress Ave. # 400 Boynton Beach FL 33426 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Keith McCoy 318 S. State Rd 7 Margate FL 33068 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

CR2E034 (9/99)

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:

Denise Schumann
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

561-737-2227
 Daytime Phone #