

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90184 015 ***150.00

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DOCUMENT # P97000106941

1. Entity Name

SOUTHEAST MEDICAL CENTERS, INC.

Principal Place of Business

1903 S. CONGRESS AVE.
 400
 BOYNTON BEACH FL 33426

Mailing Address

1903 S. CONGRESS AVE.
 400
 BOYNTON BEACH FL 33426

2. Principal Place of Business

318 S. State Road 7

Suite, Apt. #, etc.

City & State

Margate, FL

Zip
 33068

Country
 USA

3. Mailing Address

2500 Quantum Lakes Drive

Suite, Apt. #, etc.

Ste. 1000

City & State

Boynton Beach, FL

Zip
 33426

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0801105

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCCOY, KEVIN
7378 WEST ATLANTIC BLVD #312
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name
Rodger L. Hochman

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

2500 Quantum Lakes Drive, Ste. 1000

City
 Boynton Beach

FL

Zip Code
 33426

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

Rodger L. Hochman

4/18/01

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, 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	<input type="checkbox"/> Delete
NAME	MCCOY, KEVIN	
STREET ADDRESS	7241 SOUTHGATE BLVD	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	318 S. State Road 7	
CITY-ST-ZIP	Margate, FL 33068	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pusateri, Dana	
STREET ADDRESS	2500 Quantum Lakes Drive, Ste. 1000	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pershes, Paul C.	
STREET ADDRESS	2500 Quantum Lakes Drive, Ste. 1000	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kobrin, Arthur P.	
STREET ADDRESS	2500 Quantum Lakes Drive, Ste. 1000	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCoy, Scott	
STREET ADDRESS	318 S. State Road 7	
CITY-ST-ZIP	Margate, FL 33068	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCoy, Keith	
STREET ADDRESS	318 S. State Road 7	
CITY-ST-ZIP	Margate, FL 33068	

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:

Dana Pusateri

4/18/01

561-742-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)