

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90437 020 ***150.00

DOCUMENT # P97000106941

1. Entity Name

Southeast Medical Center, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

318 South State Rd 7

Suite, Apt. #, etc.

3. Mailing Address

318 South State Rd 7

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Margate, Florida

City & State

Margate, Florida

4. FEI Number

65-0801105

Applied For

Not Applicable

Zip

33068

Country

US

Zip

33068

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Kevin McCoy

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

318 South State Rd 7

City

Margate, Florida

FL

Zip Code

33068

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

Kevin McCoy

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

Amended UBR is \$61.25

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	Pres / Sec.
NAME	Kevin McCoy
STREET ADDRESS	318 South State Rd 7
CITY - ST - ZIP	Margate, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin McCoy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone #

CR2E034B (12/01)