

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106941

FILED
May 01, 2006
Secretary of State

Entity Name: SOUTHEAST MEDICAL CENTERS, INC.

Current Principal Place of Business:

318 S STATE ROAD 7
MARGATE, FL 33068

New Principal Place of Business:

Current Mailing Address:

318 SOUTH STATE RD 7
MARGATE, FL 33068

New Mailing Address:

FEI Number: 65-0801105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOY, KEVIN
318 SOUTH STATE RD 7
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCOY, KEVIN
Address: 318 S STATE ROAD 7
City-St-Zip: MARGATE, FL 33068

Title: SEC () Delete
Name: MCCOY, KEVIN
Address: 318 SOUTH STATE RD 7
City-St-Zip: MARGATE, FL 33068

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCOY, KEVIN
Address: 318 S STATE ROAD 7
City-St-Zip: MARGATE, FL 33068 US

Title: SEC (X) Change () Addition
Name: MCCOY, JOHN
Address: 318 SOUTH STATE RD 7
City-St-Zip: MARGATE, FL 33068 US

Title: VP () Change (X) Addition
Name: MCCOY, KEITH
Address: 318 SOUTH STATE RD 7
City-St-Zip: MARGATE, FL 33068 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN MCCOY

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date