

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 DEC -9 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000066767

1. Corporation Name

SOUTHEAST MEDICAL DIAGNOSTICS INC.

Principal Place of Business
14025 CLUB HOUSE CIRCLE
TAMPA FL 33624

Mailing Address
14025 CLUB HOUSE CIRCLE
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1998

4. FEI Number

59-3525703

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 3956 Town Center Blvd

Suite, Apt. #, etc.

22 Suite 229

City & State

23 Orlando, Florida 32837

Zip

Country

24 32837

25 USA

2a. Mailing Address

26 3956 Town Center Blvd

Suite, Apt. #, etc.

27 Suite 229

City & State

28 Orlando, Florida

Zip

Country

29 32837

30 USA

9. Name and Address of Current Registered Agent

ROQUE, NELSON A
14025 CLUB HOUSE CIRCLE
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

ROQUE, Nelson A.

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

3956 Town Center Blvd

83 Suite 229

84 City

Orlando

FL

85 Zip Code

32837

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

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

(NOTE: Registered Agent signature required when changing agent)

12-6-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D ROQUE, NELSON A
STREET ADDRESS
14025 CLUB HOUSE CIRCLE
CITY-ST-ZIP
TAMPA FL 33624

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
D ROQUE, NELSON A.
1.3 STREET ADDRESS
3956 Town center Blvd Suite 229
1.4 CITY-ST-ZIP
Orlando, FL 32837

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
800003073318-4
-12/17/99--01003--004
2.3 STREET ADDRESS
****758.75 ****758.75

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 NAME ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nelson A. Roque

12-6-99 407-987-7246

Date

Daytime Phone #

0000010

CR2E034 (1/98)