

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000103936

FILED
Jun 07, 2012
Secretary of State

Entity Name: SOUTHEAST MEDICAL SERVICES, INC.

Current Principal Place of Business:

976 FLORIDA CENTRAL PARKWAY
SUITE 112B
LONGWOOD, FL 32750 US

Current Mailing Address:

976 FLORIDA CENTRAL PARKWAY
SUITE 112B
LONGWOOD, FL 32750 US

New Principal Place of Business:

337 S. NORTH LAKE BLVD
SUITE 1000
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

337 S. NORTH LAKE BLVD
SUITE 1000
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 26-0699749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, BONK
976 FLORIDA CENTRAL PARKWAY
SUITE 112B
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

THOMAS, BONK
337 S. NORTH LAKE BLVD
SUITE 1000
ALTAMONTE SPRINGS, FL 32701 US

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: THOMAS J BONK

06/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P T
Name: SALEM, EILEEN
Address: 337 S. NORTH LAKE BLVD, SUITE 1000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: V S
Name: BONK, THOMAS J
Address: 337 S. NORTH LAKE BLVD, SUITE 1000
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS J BONK

VP

06/07/2012

Electronic Signature of Signing Officer or Director

Date