

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**  
09-12-2003 90092 040 \*\*\*550.00

0007694  
AV

DOCUMENT # **P99000063600**

1. Entity Name  
**SOUTHEASTERN MEDICAL INC.**



Principal Place of Business  
**4410 W. NEWBERRY ROAD  
STE. A-4  
GAINSVILLE FL 32607**

Mailing Address  
**4410 W. NEWBERRY ROAD  
STE. A-4  
GAINSVILLE FL 32607**

**00100000**



2. Principal Place of Business  
**2321 NW 66th**

3. Mailing Address  
**2321 NW 66th**

Suite, Apt. #, etc.  
**Suite I**

Suite, Apt. #, etc.  
**Suite I**

City & State  
**Gainesville, FL**

City & State  
**Gainesville, FL**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3590651**

Applied For  
Not Applicable

Zip  
**32653**

Country

Zip  
**32653**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**MCNEILL, JOE III  
4420 NW 93RD AVENUE  
GAINSVILLE FL 32653**

## 7. Name and Address of New Registered Agent

Name

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

**23103 NW CR 235A**

**Alachua FL**

**32415**

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Joe McNeill III** **Joe McNeill III**

**9-9-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MCNEILL, JOE**  
STREET ADDRESS **4420 NW 93RD AVENUE**  
CITY-ST-ZIP **GAINSVILLE FL 32653**

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **McNeill, Joe**  
STREET ADDRESS **23103 NW CR 235A**  
CITY-ST-ZIP **Alachua, FL 32415**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-9-03**

Date

**352-376-7394**  
**352-376-7394**  
Daytime Phone #

CR2E034 (4/03)