FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:05

DOCUMENT # S63294 (0)

1. Corporation Name
SOUTHEASTERN HEALTH CARE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
4558 CLYDE MORRIS BLVD PORT ORANGE FL 32119	4558 CLYDE MORRIS BLVD PORT ORANGE FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1991
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business 21
2a. Mailing Address 26

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27

City & State 23
City & State 28

Zip 24 Country 25
Zip 29 Country 30

4. FEI Number: 59-3072473 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, STEPHEN
4558 CLYDE MORRIS BLVD.
PORT ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	JOHNSON, STEPHEN	1.2 NAME	STEPHEN JOHNSON	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	1.3 STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	V	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	JOHNSON, E. NATHAN	2.2 NAME	RUTH G. JOHNSON	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	2.3 STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	S	3.1 TITLE	T/S/D	☒ Change ☐ Addition
NAME	TROST, JOHN W.	3.2 NAME	JOHN W. TROST	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	3.3 STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	T	4.1 TITLE	T/S/D	☒ Change ☐ Addition
NAME	TROST, JOHN W	4.2 NAME	JOHN W. TROST	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	4.3 STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE		5.1 TITLE	D	☒ Change ☐ Addition
NAME		5.2 NAME	BRENDA TROST	
STREET ADDRESS		5.3 STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE		6.1 TITLE	D	☒ Change ☐ Addition
NAME		6.2 NAME	CAROL JOHNSON	
STREET ADDRESS		6.3 STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PORT ORANGE, FL 32119	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 3-16-95 904-726-1600
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0611700 CP