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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S63294** (0)
1. Corporation Name
SOUTHEASTERN HEALTH CARE MANAGEMENT, INC.

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

Mailing Address
**4558 CLYDE MORRIS BLVD
PORT ORANGE FL 32119-7455**



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 06/21/1991	3a. Date of Last Report 02/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3072473	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, STEPHEN	1.2 NAME	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RUTH G	2.2 NAME	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL	2.4 CITY - ST - ZIP	
TITLE	TSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROST, JOHN W.	3.2 NAME	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROST, BRENDA	4.2 NAME	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CAROL	5.2 NAME	
STREET ADDRESS	4558 CLYDE MORRIS BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97 (904) 756-1800
Date Daytime Phone #

CR2E034 (9/96)