


FILED
May 05 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998				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			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/21/1991	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	PD	JOHNSON, STEPHEN	4558 CLYDE MORRIS BLVD. PORT ORANGE FL	<input type="checkbox"/> DELETE	
	VPD	JOHNSON, RUTH G	4558 CLYDE MORRIS BLVD. PORT ORANGE FL	<input type="checkbox"/> DELETE	
	TSD	TROST, JOHN W.	4558 CLYDE MORRIS BLVD. PORT ORANGE FL	<input type="checkbox"/> DELETE	
	D	TROST, BRENDA	4558 CLYDE MORRIS BLVD. PORT ORANGE FL	<input type="checkbox"/> DELETE	
	D	JOHNSON, CAROL	4558 CLYDE MORRIS BLVD PORT ORANGE FL	<input type="checkbox"/> DELETE	
				<input type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1	TITLE	1.2	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.3	STREET ADDRESS	1.4	CITY-ST-ZIP		
2.1	TITLE	2.2	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3	STREET ADDRESS	2.4	CITY-ST-ZIP		
3.1	TITLE	3.2	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3	STREET ADDRESS	3.4	CITY-ST-ZIP		
4.1	TITLE	4.2	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.3	STREET ADDRESS	4.4	CITY-ST-ZIP		
5.1	TITLE	5.2	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.3	STREET ADDRESS	5.4	CITY-ST-ZIP		
6.1	TITLE	6.2	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 in an attachment with an address.					
SIGNATURE: <i>[Signature]</i> 3/18/98					

CR2E034 (10/97)