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FILED

Mar 12 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 # **V24014** (5)

1. Corporation Name  
**SOUTH EASTERN MEDICAL SERVICES U.S.A., INC.**

Principal Place of Business

Mailing Address

**301 NW 84TH AVE  
3RD FLOOR  
PLANTATION FL 33324**

**PO BOX 16270  
PLANTATION FL 33318-6270  
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**03/26/1992**

3a. Date of Last Report

**04/22/1996**

4. FEI Number

**65-0326446**

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

10. Name and Address of New Registered Agent

**KNIGHT, JAY L.  
301 NW 84TH AVE  
3RD FLOOR  
PLANTATION FL 33324**

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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MESSINA, FRANK J</b>	
STREET ADDRESS	<b>301 N.W. 84TH AVE.</b>	
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>KNIGHT, JAY L</b>	
STREET ADDRESS	<b>301 N.W. 84TH AVE.</b>	
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAY, GEORGE I</b>	
STREET ADDRESS	<b>301 N.W. 84TH AVE.</b>	
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAY, MARTIN M.</b>	
STREET ADDRESS	<b>301 N.W. 84TH AVE.</b>	
CITY - ST - ZIP	<b>PLANTATION FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAZAR, ALAN M</b>	
STREET ADDRESS	<b>301 N.W. 84TH AVE.</b>	
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HALE, MARTIN E</b>	
STREET ADDRESS	<b>301 N.W. 84TH AVE.</b>	
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if an attachment with an address.

SIGNATURE:

*Frank J. Messina*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK J. MESSINA**

Date

**475-9399**

Daytime Phone #

0278579

CR2E034 (9/96)