Feb 25, 1999 8:00 am

Secretary of State

02-25-1999 90047 046 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V24014

SOUTH EASTERN MEDICAL SERVICES U.S.A., INC.											
Principal Place	e of Business	 S	Mailing	g Address	_			I (BAIT BIREIR HOTE EIRH ONIN	ijeli bigi migit i	I Bil Birli Bişli	
301 NW 84TH AVE PO BOX 16270 3RD FLOOR PLANTATION FL 33318 PLANTATION FL 33324 US								<u>-i</u> -	RITE IN THIS	SPACE	
								ate Incorp <i>o</i> rated or Qualife <b>3/26/1992</b>	d 		
2. Principal P	lace of Busin	ness	2a. Ma	2a. Mailing Address			1	El Number		· Ar	plied For
21			26	26			6	<u>5-0326446</u>			t Applicable
Suite, Apt.	#, etc.		27 Su	Suite, Apt. #, etc.			5. C	ertifcate of Status Desired	te of Status Desired		
City & Stat	e		Cit	City & State			6. El	lection Campaign Financing	7 77	\$5:00	Мау Ве
23			28				T1	rust Fund Contribution		Added	o Fees
Zip	Zíp Country		Zìp	ь · —		Country		his corporation owes the cu	irrent year In		<b></b> 10-
24		25	29		30			ersonal Property Tax. ame and Address of New	Pacietarad	Yes	□No
	9. Name	and Address of C	urrent Registere	d Agent	81	Name	10. N	ame and Address of New	Registered	Agent	
KNIG	GHT, JAY L				0.	Name					
	NW 84TH				82	Street	Address (P.O	. Box Number is Not Accep	otable)		
- •	FLOOR				83	<del> </del>			<del></del>		
PLANTATION FL 33324							· · · · · · · · · · · · · · · · · · ·				
· E Milliman · P AAAP ·					84	City		,	FL	85 Zip	Code
44 Dureuant	to the provis	ions of Sections 607	7 0502 and 607 1	508 Florida Statu	ites, the abov	e-named	corporation s	ubmits this statement for th	e numose of	changing its	registered
office or re	egistered ag	ent, or both, in the S th, and accept the o	State of Florida. S	Such change was	authorized by	the corpo	oration's boar	d of directors. I hereby acc	ept the appoi	intment as re	gistered
SIGNATURE									DATE		
	Signature, typed or printed name of registered age			egent and title if applicable. (NOTE: Registered Agent signature req			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	<u> </u>	OFFICER	S AND DIRECT	DELETE	1.1 TITLE			DITIONO/CIWATOLO TO O		Change	^ddition
17166				DELETE	I I I I I I I I I I I I I I I I I I I						
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	301 N.W.			DELETE	1.2 NAME 1.3 STREE	ľ	PRE	SIDENT/TR	GAS	Change	Addition
STREET ADDRESS CITY-ST-ZIP	301 N.W. Plantati St	84TH AVE. On FL 333 <u>24</u>			1.2 NAME 1.3 STREE 1.4 CITY-S	ľ	PRE	SIDENT/TR	GAS	·	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	301 N.W. PLANTATI ST KNIGHT,	84TH AVE. On FL 333 <u>24</u>			1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	ľ	PRE	SIDENT/TR	GAS	·	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	301 N.W. PLANTATI ST KNIGHT, 301 N.W.	84th ave. On FL 33324 Jay L			1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS	PRE	SIDENT/TR	GA5	Change	Addition
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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 armual report or suppliemental 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 13 or Block 13 if changed, or on an alachment with an address, with all other like empowered.

SIGNATURE