

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600390

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC3210920301**

**Entity Name:** SOUTHEASTERN UROLOGICAL CENTER, P.A.

**Current Principal Place of Business:**

2000 CENTRE POINTE BLVD  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2000 CENTRE POINTE BLVD  
TALLAHASSEE, FL 32308 US

**FEI Number:** 59-1213296

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PIERCE, ROBERT  
123 S CALHOUN STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           STD  
Name           CAMPS, JOSEPH LM.D.  
Address       2000 CENTRE POINTE BLVD.  
City-State-Zip: TALLAHASSEE FL 32308

Title           VD  
Name           BRADFORD, ROBERT SM.D.  
Address       2000 CENTRE POINTE BLVD.  
City-State-Zip: TALLAHASSEE FL 32308

Title           VD  
Name           SELLINGER, SCOTT BM.D.  
Address       2000 CENTRE POINTE BLVD.  
City-State-Zip: TALLAHASSEE FL 32308

Title           VD  
Name           TRAN, JEAN-PAUL M.D.  
Address       2000 CENTRE POINT BLVD.  
City-State-Zip: TALLAHASSEE FL 32308

Title           VD  
Name           BURDAY, DAVID EM.D.  
Address       2000 CENTRE POINTE BLVD.  
City-State-Zip: TALLAHASSEE FL 32308

Title           VD  
Name           RACKLEY, JUDSON D DR.  
Address       2000 CENTRE POINTE BLVD  
City-State-Zip: TALLAHASSEE FL 32308

Title           VD  
Name           RENEHAN, JAMES E. DR.  
Address       2000 CENTRE POINTE BLVD  
City-State-Zip: TALLAHASSEE FL 32308

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT B. SELLINGER

VD

01/16/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date