

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600390

**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 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:** JOSEPH L CAMPS

STD

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date