

2017 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 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: JOSEPH L. CAMPS

STD

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date