

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000018794

**FILED**  
**Jan 26, 2015**  
**Secretary of State**  
**CC3420017967**

**Entity Name:** SOUTHEASTERN UROLOGICAL CORPORATION, INC.

**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: 59-3470639**

**Certificate of Status Desired: No**

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

ROBERT, PIERCE  
123 SOUTH 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 L  
Address        2000 CENTRE POINTE BLVD  
City-State-Zip: TALLAHASSEE FL 32308

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

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

Title           VD  
Name           TRAN, JEAN-PAUL  
Address        2000 CENTRE POINTE BLVD  
City-State-Zip: TALLAHASSEE FL 32308

Title           VD  
Name           BURDAY, DAVID E  
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**

**01/26/2015**

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

\_\_\_\_\_  
Date