

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000018794

**FILED**  
**Jan 24, 2013**  
**Secretary of State**  
**CC2655533647**

**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 PD  
Name SAWYER, WILLIAM P  
Address 2000 CENTRE POINTE BLVD  
City-State-Zip: TALLAHASSEE FL 32308

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:** WILLIAM P. SAWYER, MD

**PD**

**01/24/2013**

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

\_\_\_\_\_  
Date