# DOCUMENT# P97000018794

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### 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

### Name and Address of Current Registered Agent:

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

FILED Feb 11, 2019

Secretary of State

8853928611CC

Date

Certificate of Status Desired: Yes

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

### **Officer/Director Detail :**

Title	STD	Title	VD
Name	CAMPS, JOSEPH L	Name	BRADFORD, ROBERT S
Address	2000 CENTRE POINTE BLVD	Address	2000 CENTRE POINTE BLVD
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32308
Title	VD	Title	VD
Name	SELLINGER, SCOTT B	Name	TRAN, JEAN-PAUL
Address	2000 CENTRE POINTE BLVD	Address	2000 CENTRE POINTE BLVD
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32308
Title	VD	Title	VD
Name	BURDAY, DAVID E	Name	RENEHAN, JAMES E DR.
Address	2000 CENTRE POINTE BLVD	Address	2000 CENTRE POINTE BLVD
City-State-Zip:	TALLAHASSEE FL 32308	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

Electronic Signature of Signing Officer/Director Detail

Date