

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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**FILED
Mar 10, 2016
Secretary of State
CC6181030621**

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

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date