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Mar 10, 1999 8:00 am Secretary of State

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Mailing Address

SHITE 534

1717 NORTH E STREET

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 668183

1. Corporation Name

Principal Place of Business

1717 NORTH E STREET

SHITE 524

SOUTHERN ORTHOPAEDICS AND SPORTS MEDICINE, P.A.

PENSACOLA FL	, 3250 1	PENSACOLA FL 32501				DO NOT WRITE IN THIS SPACE			
US US						3. Date incorporated or Qualifed 04/28/1980			
Principal Place of Business 2a. Mailing Address						4. FEI Number	Appl	lied For	
1 26						59-1997027	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				.75 Ad	Iditional uired	
City & Stat	e	City & State				- 			
23	-	28					5.00 M dded to	,	
Zip	Country	Zip	Co	ountry				1 663	
24	25	29	30			8. This corporation owes the current year Intangible Personal Property Tax.		□N¤	
	9. Name and Address of Curren		130	\neg		10. Name and Address of New Registered Agent			
	1,2000 0.000			81	Name	Traine and Hadress of New Tragisteres Agent			
CAMPBELL, JR., WAYNE P., M.D.									
1717 NO E STR				82 Street Address (P.O. Box Number is Not Acceptable)					
STE	_								
	SACOLA FL 32501			83	ĺ				
	SACOLATE SESOT			84	City	FL 85	Zip Co	ode	
44 0	A. the condition of O - 11 - 007 077	0 4 007 4500 51 11 51 11		4	<u> </u>			1-6-	
office or nagent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorize rida Sta	ed by atutes	the corporat	rporation submits this statement for the purpose of changi- tion's board of directors. I hereby accept the appointment	as regi	stered	
	Signature, typed or printed name of registered ager				t signature requi	ired when reinstating) DATE			
12.		D DIRECTORS	13		 -	ADDITIONS/CHANGES TO OFFICERS AND DIRE			
TITLE	DP	☐ DELETE	1.1	TITLE		☐ Ch	ange	Addition Addition	
NAME	CAMPBELL, JR., WAYNE P.		1.21	NAME					
STREET ADDRESS	1924 E. JACKSON ST.		1.3	STREET	ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		1,41	CITY-ST	:-Z)P				
TITLE	S	DELETE	2.1	TITLE		□ Ch	ange	Additio	
NAME	SMITH, WILLIAM E. JR.		2.2	NAME	ļ				
STREET ADDRESS	1525 BAYSHORE LN		2.3	STREET	ADDRESS				
CITY-ST-ZIP	PENSACOLA FL			CITY-S					
TITLE	V □ DELETE			3.1 TITLE		Ch	anoe	☐ Addition	
NAME	BENTON, PHILIP C.	_		NAME	}				
STREET ADDRESS	104 SEVERIN DR				ADORESS				
}	PENSACOLA FL 32503		1		ì				
CITY-ST-ZIP TITLE	T T SZ303	☐ DELETE		CITY-S	-ZIP	∏ Chi		Addition	
1	CHEDITHAD CDAIG M		- 1	ITLE	Ì	[_] 6%	ange	Auditioi	
NAME	CHEBUHAR, CRAIG M			NAME					
STREET ADDRESS	2024 MAGNOLIA ST				ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32503		_	CITY-ST	-ZIP				
TITLE		☐ DELETE		TILE	1	□ Cha	ange	Addition Addition	
NAME				AME					
STREET ADDRESS			5.3 9	STREET	ADDRESS				
CITY-ST-ZIP			_	CITY-ST	-ZIP				
TITLE		☐ DELETE	6.1	IITLÉ		Chi	ange	Addition	
NAME			621	MAME	ĺ				
STREET ADORESS			6.3 5	TREET	ADORESS				
CITY-ST-ZIP			6.40	CITY-ST	. ZIP	· .			
	ertify that the information supplied wit	th this filing does not qualify for				Section 119.07(3)(i), Florida Statutes, I further certify that	the infe	rmation	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F SM HATLE MO TECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850)432-3293

(11/98)