

2001 UNIFORM BUSINESS REPORT (UBR)

3/5/1

FILED

Mar 29, 2001 8:00 am
Secretary of State

03-05-2001 90275 004 ***150.00

DOCUMENT # 668183

1. Entity Name
SOUTHERN ORTHOPAEDICS AND SPORTS MEDICINE, P.A.

Principal Place of Business Mailing Address
1717 NORTH E STREET 1717 NORTH E STREET
SUITE 534 SUITE 534
PENSACOLA FL 32501 PENSACOLA FL 32501
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-1997027 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, JR., WAYNE P., M.D.
1717 NO E STR
STE 534
PENSACOLA FL 32501

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent's signature required when "constating")

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME CAMPBELL, JR., WAYNE P.
STREET ADDRESS 1924 E. JACKSON ST.
CITY-ST-ZIP PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME SMITH, WILLIAM E. JR.
STREET ADDRESS 1525 BAYSHORE LN
CITY-ST-ZIP PENSACOLA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME BENTON, PHILIP C.
STREET ADDRESS 104 SEVERIN DR
CITY-ST-ZIP PENSACOLA FL 32503

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Philip C. Benton M.D. 3/20/01 (850) 432-3293

CR2E034 (10/00)