

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90068 028 ***150.00

DOCUMENT # 668183

1. Entity Name

SOUTHERN ORTHOPAEDICS AND SPORTS MEDICINE, P.A.

Principal Place of Business

**1717 NORTH E STREET
 SUITE 534
 PENSACOLA FL 32501
 US**

Mailing Address

**1717 NORTH E STREET
 SUITE 534
 PENSACOLA FL 32501
 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 *William E. Smith, JR., M.D.*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP CAMPBELL, JR., WAYNE P. 1924 E. JACKSON ST. PENSACOLA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, WILLIAM E. JR. 1525 BAYSHORE LN PENSACOLA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENTON, PHILIP C. 104 SEVERIN DR PENSACOLA FL 32503	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

William E. Smith, JR., M.D.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)