2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90073 036 ***150.00

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

20013820

02042005 Chg-P CR2E034 (10/03)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. 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	☐ Change ☐ Addition
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	☒ Change ☐ Addition T SMITH, WILLIAM E JR 1525 BAYSHORE LN PENSACOLA, FL 32507
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition S CHANDLER, DAVID R. 165 MIDDLE PLANTATION LN GULF BREEZE, FL 32561
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #