2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 668183

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

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

DO NOT WRITE IN THIS SPACE

03042006 No Chg-P CR2E034 (11/05)

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000005502891
04/26/06-30010-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CAMPBELL,JR., WAYNE P.
STREET ADDRESS	1924 E. JACKSON ST.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	T
NAME	SMITH, WILLIAM E. JR.
STREET ADDRESS	1525 BAYSHORE LN
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	V
NAME	BENTON, PHILIP C.
STREET ADDRESS	104 SEVERIN DR
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	S
NAME	CHANDLER, DAVIN R
STREET ADDRESS	165 MIDDLE PLANTATION
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/20
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #