2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# 668183

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

Current Principal Place of Business:

1717 NORTH E STREET
SUITE 534
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

1717 NORTH E STREET
SUITE 534
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 59-1997027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CAMPBELL,JR., WAYNE P., M.D.
1717 N E STR
STE 534
PENSACOLA, FL 32501 US

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: WAYNE P. CAMPBELL JR. M.D. 01/19/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CAMPBELL,JR., WAYNE, P.
Address: 1924 E. JACKSON ST.
City-St-Zip: PENSACOLA, FL

Title: T ( ) Delete
Name: SMITH, WILLIAM E. JR, .
Address: 1525 BAYSHORE LN
City-St-Zip: PENSACOLA, FL 32507

Title: V ( ) Delete
Name: BENTON, PHILIP C.,
Address: 104 SEVERIN DR
City-St-Zip: PENSACOLA, FL 32503

Title: S ( ) Delete
Name: CHANDLER, DAVIN R
Address: 165 MIDDLE PLANTATION
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE P. CAMPBELL JR. M.D. DP 01/19/2007
Electronic Signature of Signing Officer or Director Date