

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 668183

FILED
Jan 04, 2008
Secretary of State

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 N E STR
STE 534
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

CAMPBELL, JR., WAYNE P., M.D.
1717 NORTH E ST.
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.

01/04/2008

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: DP (X) Change () Addition
Name: CAMPBELL, JR., WAYNE P
Address: 1924 E. JACKSON ST.
City-St-Zip: PENSACOLA, FL 32501 US

Title: T (X) Change () Addition
Name: SMITH, JR., WILLIAM E
Address: 112 SEAMARGE LN
City-St-Zip: PENSACOLA, FL 32507 US

Title: V (X) Change () Addition
Name: BENTON, PHILIP C
Address: 104 SEVERIN DR
City-St-Zip: PENSACOLA, FL 32503 US

Title: S (X) Change () Addition
Name: CHANDLER, DAVID R
Address: 165 MIDDLE PLANTATION LANE
City-St-Zip: GULF BREEZE, FL 32561 US

I hereby certify that the information supplied with this filing does not qualify 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

01/04/2008

Electronic Signature of Signing Officer or Director

Date