2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
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 NORTH E ST.
STE 534
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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: _____

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 32501 US	
Title:	T	( ) Delete
Name:	SMITH, JR., WILLIAM E	
Address:	112 SEAMARGE LN	
City-St-Zip:	PENSACOLA, FL 32507 US	
Title:	V	( ) Delete
Name:	BENTON, PHILIP C	
Address:	104 SEVERIN DR	
City-St-Zip:	PENSACOLA, FL 32503 US	
Title:	S	( ) Delete
Name:	CHANDLER, DAVID R	
Address:	165 MIDDLE PLANTATION LANE	
City-St-Zip:	GULF BREEZE, FL 32561 US	

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 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: WILLIAM E. SMITH T 02/05/2009

Electronic Signature of Signing Officer or Director — Date