FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M66745 (4)

1. Corporation Name
SOUTHERN MEDICAL GROUP, P.A.

Principal Place of Business
% DENNIS E. WILLIAMS
1401 CENTERVILLE RD., SUITE 800
TALLAHASSEE FL 32308-4665

Mailing Address
% DENNIS E. WILLIAMS
1401 CENTERVILLE RD., SUITE 800
TALLAHASSEE FL 32308-4665

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1988
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2871336 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 199.0? Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

WILLIAMS, DENNIS E.
1401 CENTERVILLE ROAD
SUITE 800, PROFESSIONAL OFFICE BLDG.
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	SMITH, J. ORSON, JR.
STREET ADDRESS	1401 CENTERVILLE RD,#400
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	PD
NAME	WILLIAMS, DENNIS E.
STREET ADDRESS	1401 CENTERVILLE RD,#800
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	SD
NAME	LOUCKS, DONALD L.
STREET ADDRESS	1401 CENTERVILLE RD,#400
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	TD
NAME	JUDELLE, JESSE L. M.D.
STREET ADDRESS	1401 CENTERVILLE RD,#800
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (☐ Change ☐ Addition — blank entries for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP)

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] J. Orson Smith 5-1-95 904-877-1860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0027612 CP