FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M66745** **(4)**

1. Corporation Name

SOUTHERN MEDICAL GROUP, P.A.

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

3. Date Incorporated or Qualified: 02/02/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o Doug Nordby	26 c/o Doug Nordby
22 Suite, Apt. #, etc. 1401 Centerville Rd., Suite 405	27 Suite, Apt. #, etc. 1401 Centerville Rd., Suite 405
23 City & State Tallahassee, Fl	28 City & State Tallahassee, Fl.
24 Zip 32308 25 Country USA	29 Zip 32308 30 Country USA

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. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

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: Jesse L. Judelle
82 Street Address (P.O. Box Number is Not Acceptable): 1401 Centerville Road
83 Suite 405
84 City: Tallahassee, **FL** 85 Zip Code: 32308

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SMITH, J. ORSON, JR.		1.2 NAME	Jesse L. Judelle	
STREET ADDRESS	1401 CENTERVILLE RD,#400		1.3 STREET ADDRESS	1401 Centerville Road, Suite 405	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	WILLIAMS, DENNIS E.		2.2 NAME	Earl McKenzie	
STREET ADDRESS	1401 CENTERVILLE RD,#800		2.3 STREET ADDRESS	1401 Centerville Road, Suite 405	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	LOUCKS, DONALD L.		3.2 NAME	David L. Tedrick	
STREET ADDRESS	1401 CENTERVILLE RD,#400		3.3 STREET ADDRESS	1401 Centerville Road, Suite 405	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	JUDELLE, JESSE L. M.D.		4.2 NAME	Michael W. Forsthoefel	
STREET ADDRESS	1401 CENTERVILLE RD,#800		4.3 STREET ADDRESS	1401 Centerville Road, Suite 405	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: 4/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jesse L. Judelle