

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

De Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M66745**

(4)

1. Corporation Name

SOUTHERN MEDICAL GROUP, P.A.

749-093



Principal Place of Business % DOUG NORDBY 1401 CENTERVILLE RD., SUITE 405 TALLAHASSEE FL 32308	Mailing Address % DOUG NORDBY 1401 CENTERVILLE RD., SUITE 405 TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/02/1988	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2871336		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	25 Country	29 Country		30 Country	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**JUELLE, JESSE L
1401 CENTERVILLE ROAD
SUITE 405
TALLAHASSEE FL 32308**

749-093

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	JUELLE, JESSE L	1.2 NAME	
STREET ADDRESS	1401 CENTERVILLE RD, #405	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MCKENZIE, EARL L	2.2 NAME	
STREET ADDRESS	1401 CENTERVILLE RD, #405	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	TEDRICK, DAVID L	3.2 NAME	
STREET ADDRESS	1401 CENTERVILLE RD, #405	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	FORSTHOEFEL, MICHAEL W	4.2 NAME	
STREET ADDRESS	1401 CENTERVILLE RD, #405	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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.

CR2E034 (10/97)