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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M66745**

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

Principal Place of Business	Mailing Address
% DOUG NORDBY 1401 CENTERVILLE RD.,SUITE 405 TALLAHASSEE FL 32308	% DOUG NORDBY 1401 CENTERVILLE RD.,SUITE 405 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Suite 400 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite 400 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 02/02/1988 4. FEI Number 59-2871336 ☐ Applied For ☐ Not Applicable 5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JUDELLE, JESSE L 1401 CENTERVILLE ROAD SUITE 405 TALLAHASSEE FL 32308	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 SUITE 400 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	JUDELLE, JESSE L		1.2 NAME		
STREET ADDRESS	1401 CENTERVILLE RD,#405		1.3 STREET ADDRESS	1401 CENTERVILLE RD., #400	
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MCKENZIE, EARL L		2.2 NAME		
STREET ADDRESS	1401 CENTERVILLE RD,#405		2.3 STREET ADDRESS	1401 CENTERVILLE RD., #400	
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	TEDRICK, DAVID L		3.2 NAME		
STREET ADDRESS	1401 CENTERVILLE RD,#405		3.3 STREET ADDRESS	1401 CENTERVILLE RD., #400	
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	FORSTHOEFEL, MICHAEL W		4. 2 NAME		
STREET ADDRESS	1401 CENTERVILLE RD,#405		4.3 STREET ADDRESS	1401 CENTERVILLE RD., #400	
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP		
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		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/1/99 850-216-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #