2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State
02-06-2002 90081 008 ***150.00

DOCUMENT # M66745

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

Principal Place of Business	Mailing Address
% DOUG NORDBY 1401 CENTERVILLE RD SUITE 400 TALLAHASSEE FL 32308	% DOUG NORDBY 1401 CENTERVILLE RD SUITE 400 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: SUITE 500	Suite, Apt. #, etc.: SUITE 500
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2871336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JUDELLE, JESSE L 1401 CENTERVILLE ROAD SUITE 400 TALLAHASSEE FL 32308	Name: MICHAEL W. FORSTHOEFEL, M.D. Street Address (P.O. Box Number is Not Acceptable): 1401 CENTERVILLE ROAD SUITE 500 City: TALLAHASSEE FL Zip Code: 32308

8. 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: MICHAEL W. FORSTHOEFEL, M.D., PRESIDENT — 01/11/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JUDELLE, JESSE L 1401 CENTERVILLE RD #400 TALLAHASSEE FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MICHAEL W. FORSTHOEFEL, M.D. 1401 CENTERVILLE ROAD, SUITE 500	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCKENZIE, EARL L 1401 CENTERVILLE RD #400 TALLAHASSEE FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVID W. SMITH, M.D. 1401 CENTERVILLE ROAD, SUITE 500 TALLAHASSEE, FL 32308	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COX, MARILYN M 1401 CENTERVILLE RD #400 TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1401 CENTERVILLE ROAD, SUITE 500	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROWLAND, ROBERT D 1401 CENTERVILLE RD TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1401 CENTERVILLE ROAD, SUITE 500	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W. FORSTHOEFEL, M.D., PRESIDENT — 1/11/2002 — 850-216-0109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #