2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# M66745

Entity Name: SOUTHERN MEDICAL GROUP, P.A.

Current Principal Place of Business:

% DEB SUNDBERG
1401 CENTERVILLE RD SUITE 400
TALLAHASSEE, FL 32308

New Principal Place of Business:

% DEB SUNDBERG
1401 CENTERVILLE RD SUITE 500
TALLAHASSEE, FL 32308

Current Mailing Address:

% DEB SUNDBERG
1401 CENTERVILLE RD SUITE 400
TALLAHASSEE, FL 32308

New Mailing Address:

% DEB SUNDBERG
1401 CENTERVILLE RD SUITE 500
TALLAHASSEE, FL 32308

FEI Number: 59-2871336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORSTHOEFEL, MD, MICHAEL W
1401 CENTERVILLE ROAD
SUITE 500
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	FORSTHOEFEL,MD, MICHAEL W	
Address:	1401 CENTERVILLE RD SUITE 500	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	SV[	( ) Delete
Name:	SMITH,MD, DAVID W	
Address:	1401 CENTERVILLE RD SUITE 500	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	SD	( ) Delete
Name:	COX, MARILYN	
Address:	1401 CENTERVILLE RD SUITE 500	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	TD	( ) Delete
Name:	ROWLAND, ROBERT D	
Address:	1401 CENTERVILLE RD SUITE 500	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	VP	( ) Delete
Name:	SMITH, MD, ORSON J	
Address:	1401 CENTERVILLE ROAD, STE 500	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	VP	( ) Delete
Name:	JUDELLE, MD, JESSE L	
Address:	1401 CENTERVIELLE ROAD, STE 500	
City-St-Zip:	TALLAHASSEE, FL 32308	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEAL W. FORSTHOEFEL PRES 01/20/2005

Electronic Signature of Signing Officer or Director — Date