## 2006 FOR PROFIT CORPORATION **AMENDED ANNUAL REPORT**

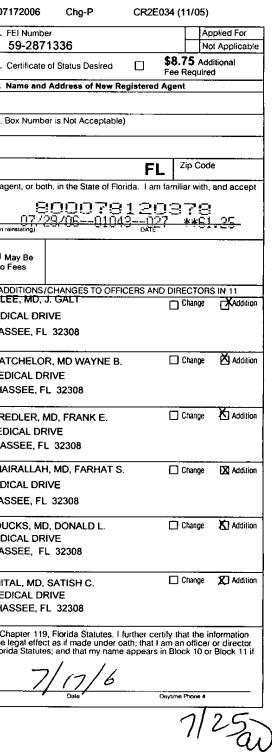
SIGNATURE:

GNATURE AND TYPED OR P

INTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOCUMENT # M66745** 06 JUL 20 PH 2: 57 SOUTHERN MEDICAL GROUP, P.A. SECRETARY OF STATE Principal Place of Business Mailing Address % DEBRA M. SUNDBERG % DEBRA M. SUNDBERG 1300 MEDICAL DRIVE 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07172006 Cho-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2871336 Not Applicable Zin Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORSTHOEFEL, MD, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. 800078120378 SIGNATURE. Signature, typed or printed name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstat 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
- ALLEE, MD, J. GALT Change XAG 10. OFFICERS AND DIRECTORS 11. PΩ MLE Delete Change Addition DILE ROWLAND, MD, ROBERT D 1300 MEDICAL DRIVE NAME NAME STREET ADDRESS 1300 MEDICAL DRIVE STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIF SV TITLE ☐ Delete TITLE Addition VP - BATCHELOR, MD WAYNE B. ☐ Change COX, MD, MARILYN M NAME NAME 1300 MEDICAL DRIVE 1300 MEDICAL DRIVE STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Change Addition VP - GREDLER, MD, FRANK E. SMITH, MD, DAVID W NAME 1300 MEDICAL DRIVE STREET ADDRESS 1300 MEDICAL DRIVE STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP TITLE ☐ Delete TITLE VP - KHAIRALLAH, MD, FARHAT S. ☐ Channe X Addition JUDELLE, JESSE L NAME NAME 1300 MEDICAL DRIVE STREET ADDRESS 1300 MEDICAL DRIVE STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP TITLE ☐ Delete TITLE VP - LOUCKS, MD, DONALD L. Change Addition FORSTHOEFEL, MD, MICHAEL W NAME NAME 1300 MEDICAL DRIVE STREET ADDRESS 1300 MEDICAL DRIVE STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition VP - MITAL, MD, SATISH C. KATOPODIS, MD, JOHN N NAME NAME 1300 MEDICAL DRIVE 1300 MEDICAL DRIVE STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32308 CITY-SI-7IP TALLAHASSEE, FL 32308 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 seceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

APPRUX



## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M66745  1. Entity Name SOUTHERN MEDICAL GROUP, P.A.												
Principal Place of Business Mailing Address  % DEBRA M. SUNDBERG 1300 MEDICAL DRIVE 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308  Mailing Address  % DEBRA M. SUNDBERG 1300 MEDICAL DRIVE 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308								6 61110 <b>8</b> 1111 1 <b>101</b> 11 <b>1</b> 1169) 6111		<b>e</b> ri eleki eleki ele	11 <b>66</b> 7	
2. Principal P	lace of Busin	ess	3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07172006	Chg-P	CR2E	034 (11/05)		
City & State			City & State				4. FEI Number 59-2871336			<u> </u>	oplied For ot Applicable	
Zip	Country		Zip	Country			5. Certificate	of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
FORSTHOEFEL, MD, MICHAEL W 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308					Street Address (P.O. Box Number is Not Acceptable)							
IALLARAS												
					City				FL			
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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE												
							00 May Be ed to Fees					
10.		OFFICERS AND		11.			ADDITIONS	/CHANGES TO OFFI	CERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete TITL ROWLAND, MD, ROBERT D 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308					1300 P	P - MC KENZIE, MD, EARL III Change Addition 600 MEDICAL DRIVE ALLAHASSEE, FL 32308					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COX, MD, MARILYN M 1300 MEDICAL DRIVE				.E AE EET ADDRESS Y-ST-ZIP	1300 [	- RAHANGDALE, MD, SANDEEP R. D D MEDICAL DRIVE LAHASSEE, FL 32308				<b>⊠</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Delete TIT SMITH, MD, DAVID W 1300 MEDICAL DRIVE ST TALLAHASSEE, FL 32308 CIT					1300	- SMITH, MD, J. ORSON (1) MEDICAL DRIVE LLAHASSEE, FL 32308				<b>★</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Delete III JUDELLE, JESSE L 1300 MEDICAL DRIVE ST TALLAHASSEE, FL 32308 Cri					1300	P - TEDRICK, MD, DAVID L. 900 MEDICAL DRIVE ALLAHASSEE, FL 32308				<b>⊠</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Delete TIT FORSTHOEFEL, MD, MICHAEL W NAI 1300 MEDICAL DRIVE STI TALLAHASSEE, FL 32308 CIT							•		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Delete TIT KATOPODIS, MD, JOHN N 1300 MEDICAL DRIVE STE TALLAHASSEE, FL 32308 CIF									☐ Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 acciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Daylarie Phone 9												