2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED
06 JUL 20 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # M66745

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

Principal Place of Business	Mailing Address
% DEBRA M. SUNDBERG 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	% DEBRA M. SUNDBERG 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308

07172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
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
FORSTHOEFEL, MD, MICHAEL W 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____ 800078120378 07/20/06--01043--027 **61.25
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROWLAND, MD, ROBERT D 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP - ALLEE, MD, J. GALT 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV COX, MD, MARILYN M 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP - BATCHELOR, MD WAYNE B. 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, MD, DAVID W 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP - GREDLER, MD, FRANK E. 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JUDELLE, JESSE L 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP - KHAIRALLAH, MD, FARHAT S. 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FORSTHOEFEL, MD, MICHAEL W 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP - LOUCKS, MD, DONALD L. 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KATOPODIS, MD, JOHN N 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP - MITAL, MD, SATISH C. 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ 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 receiver 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: _____ MD 7/17/6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/25 aw

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV COX, MD, MARILYN M 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP - RAHANGDALE, MD, SANDEEP R. 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, MD, DAVID W 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP - SMITH, MD, J. ORSON 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JUDELLE, JESSE L 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP - TEDRICK, MD, DAVID L. 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FORSTHOEFEL, MD, MICHAEL W 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KATOPODIS, MD, JOHN N 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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