

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90032 037 ***550.00

DOCUMENT # M66745
 1. Entity Name
 SOUTHERN MEDICAL GROUP, P.A.



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

40110813



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01152008 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number 59-2871336 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FORSTHOEFEL, MD, MICHAEL W
 1300 MEDICAL DRIVE
 TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ED TD ROWLAND, MD, ROBERT D 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SP PD COX, MD, MARILYN M 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SMITH, MD, DAVID W 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JUDELLE, JESSE L 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FORSTHOEFEL, MD, MICHAEL W 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KATOPODIS, MD, JOHN N 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDV BACHELOR, MD, WAYNE B. 1300 MED. DR. TALLA, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MITAL, MD, JATISH C. 1300 MED. DR. TALLA, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KHAIRALLAH, MD, FARHAT S. 1300 MED. DR. TALLA, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ALLEE, MD, J. GALT 1300 MED. DR. TALLA, FL 32308 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GHAI, MD, AKASH 1300 MED DR. TALLA, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GREDLER, MD, FRANK E. 1300 MED. DR. TALLA, FL 32308 <input type="checkbox"/> Change <input type="checkbox"/> 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SEE PAGE TWO FOR ADDL 3

2008 FOR PROFIT CORPORATION ATTACHMENT ANNUAL REPORT

PAGE TWO
OF TWO

| | | | |
|---|--|---|--|
| DOCUMENT # M66745 | | | |
| 1. Entity Name SOUTHERN MEDICAL GROUP, P.A. | | | |
| Principal Place of Business % DEBRA M. SUNDBERG 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 | | Mailing Address % DEBRA M. SUNDBERG 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Country | |
| 4. FEI Number 59-2871336 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

40110813

| | | | |
|---|--|--|--|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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 | BD TD | <input type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROWLAND, MD, ROBERT D | | NAME | TEDRICK, MD, DAVID L. | |
| STREET ADDRESS | 1300 MEDICAL DRIVE | | STREET ADDRESS | 1300 MED. DR. | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | CITY-ST-ZIP | TALLAHASSEE, FL 32308 | |
| TITLE | SP PD | <input type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COX, MD, MARILYN M | | NAME | LEWIS, MD, JUDITH A. | |
| STREET ADDRESS | 1300 MEDICAL DRIVE | | STREET ADDRESS | 1300 MED. DR. | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | CITY-ST-ZIP | TALLA., FL 32308 | |
| TITLE | SP VD | <input type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, MD, DAVID W | | NAME | LOUCKS, MD, DONALD L. | |
| STREET ADDRESS | 1300 MEDICAL DRIVE | | STREET ADDRESS | 1300 MED. DR. | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | CITY-ST-ZIP | TALLA., FL 32308 | |
| TITLE | TD VD | <input type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JUELLE, JESSE L | | NAME | RAHANG DALE, MD, SANDEEP R. | |
| STREET ADDRESS | 1300 MEDICAL DRIVE | | STREET ADDRESS | 1300 - MED. DR. | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | CITY-ST-ZIP | TALLA., FL 32308 | |
| TITLE | SP VD | <input type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORSTHOEFEL, MD, MICHAEL W | | NAME | SMITH, MD, JOHN (ORSON) | |
| STREET ADDRESS | 1300 MEDICAL DRIVE | | STREET ADDRESS | 1300 - MED. DR. | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | CITY-ST-ZIP | TALLA., FL 32308 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KATOPODIS, MD, JOHN N | | NAME | | |
| STREET ADDRESS | 1300 MEDICAL DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | CITY-ST-ZIP | | |

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____