FILED
Jul 01, 2003 8:00 am
Secretary of State
07-01-2003 90040 009 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M66745

90140536

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

Principal Place of Business	Mailing Address
~~1. DOUG NORDBY~~ Deb Sundberg	Doug Nordby
1401 CENTERVILLE RD SUITE 400	1401 CENTERVILLE RD SUITE 400
TALLAHASSEE, FL 32308	TALLAHASSEE, FL 32308

Deb Sundberg

2. Principal Place of Business	3. Mailing Address
1401 Centerville Rd	1401 Centerville Rd
Suite, Apt. #, etc. #500	Suite, Apt. #, etc. #500
City & State Tallahassee FL	City & State Tallahassee FL
Zip 32308 Country US	Zip 32308 Country US

☑ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name Same

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 Michael W Forsthoefel, Pres 6/27/03
Signature, typed or printed name of registered agent and title if applicable (MORE: Registered Agent signature required when changing) DATE

FEE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 FORSTHOEFEL,MD, MICHAEL W 1401 CENTERVILLE RD SUITE 500 TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH,MD, DAVID W 1401 CENTERVILLE RD SUITE 500 TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COX, MARILYN 1401 CENTERVILLE RD SUITE 500 TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROWLAND, ROBERT D 1401 CENTERVILLE RD SUITE 500 TALLAHASSEE, FL 32308	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael W. Forsthoefel 6/27/03 850-216-0167
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #

Attachment #

Southern Medical Group PA
1401 Centerville Road #500
Tallahassee, Florida 32308

90140536
M66745

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

June 27, 2003

Attached please find our 2003 UBR for 2003. We did not receive the original report and were made aware of the delinquency of this report only by happenstance.

We are asking that you allow us to pay this normally even though it is delinquent.

Thank you,

Becky Smith

Becky Smith
Comptroller
Southern Medical Group P. A.
850-216-0107