2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M66745

Entity Name: SOUTHERN MEDICAL GROUP, P.A.

Current Principal Place of Business:

% PAM POST 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308

Current Mailing Address:

% PAM POST 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308

FEI Number: 59-2871336 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORSTHOEFEL, MD, MICHAEL W 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 US

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

FILED Jan 27, 2021

Secretary of State

9836410157CC

Officer/Director Detail:

Title D Title D

Name ROWLAND, MD, ROBERT D Name FORSTHOEFEL, MD, MICHAEL W

Address 1300 MEDICAL DRIVE Address 1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR Title DIRECTOR

Name NOEL, THOMAS N Name BOUCHARD, ERIC

Address 1300 MEDICAL DRIVE Address % PAM POST

City-State-Zip: TALLAHASSEE FL 32308

City-State-Zip: TALLAHASSEE FL 32308

Title D Title

Name ALLEE, J. GALT Name COX, MARILYN
Address % PAM POST

78 FAM FOST 1300 MEDICAL DRIVE Address % PAM POST 1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308

Title D Title D

Name GREDLER, FRANK Name KATOPODIS, JOHN

Address % PAM POST Address % PAM POST

1300 MEDICAL DRIVE
TALLAHASSEE FL 32308

Address % PAM POST 1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: SATISH MITAL PRESIDENT 01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title D

Name KHAIRALLAH, FARHAT

Address % PAM POST

1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title D

Name POPA, ILEANA

Address % PAM POST

1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR

Name SMITH, DAVID W

Address % PAM POST

1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title D

Name UMANA, ERNESTO

Address % PAM POST

1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title VP

Name DIXON, WILLIAM

Address % PAM POST

1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR

Name EDWARDS, MARLISHA Address 1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR

Name GIOVE, GIAN CARLO

Address 1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR

Name KRISHNAMOORTHY, NARAYANAN

Address 1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title D

Name MURRAH, C. PATRICK

Address % PAM POST

1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR

Name TADROS, BASIM

Address 1300 MEDICAL DRIVE

Title TREASURER
Name LEWIS, JUDITH

Address % PAM POST

1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title PRESIDENT

Name MITAL, SATISH

Address % PAM POST

1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title D

Name SOLIMAN, FARAH

Address % PAM POST

1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR

Name SILBERMAN, GAD

Address % PAM POST

1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR

Name BLAKE, CAMILLE

Address 1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR

Name BAVIKATI, VENKATA

Address 1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title SECRETARY

Name HARTLAGE, GREGORY
Address 1300 MEDICAL DIVE

City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name HURT, JULIAN

Address % PAM POST 1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name SAINT, DAVID

Address % PAM POST

1300 MEDICAL DRIVE

City-State-Zip: TALLAHASSEE FL 32308

City-State-Zip: TALLAHASSEE FL 32308