


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90101 049 ***150.00

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		4. FEI Number 59-2871336	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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		Michael W. Forsthoeffel, M.D., VP		1-24-07	
		Signature, typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWLAND, MD, ROBERT D		NAME	Allee, M.D., J. Galt	
STREET ADDRESS	1300 MEDICAL DRIVE		STREET ADDRESS	1300 Medical Drive	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	SV	<input type="checkbox"/> Delete	TITLE	3D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, MD, MARILYN M		NAME	Batchelor M.D., Wayne P.	
STREET ADDRESS	1300 MEDICAL DRIVE		STREET ADDRESS	1300 Medical Dr.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Talla, FL 32308	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MD, DAVID W		NAME	Gredler, M.D, Frank E.	
STREET ADDRESS	1300 MEDICAL DRIVE		STREET ADDRESS	1300 Medical Dr.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUELLE, JESSE L		NAME	Jedrick, M.D., David L.	
STREET ADDRESS	1300 MEDICAL DRIVE		STREET ADDRESS	1300 Medical Dr.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Talla, FL 32308	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORSTHOEFEL, MD, MICHAEL W		NAME	Khairallah, M.D., Farhat S.	
STREET ADDRESS	1300 MEDICAL DRIVE		STREET ADDRESS	1300 Medical Dr.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Talla, FL 32308	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATOPODIS, MD, JOHN N		NAME	Rahangdale, M.D., Sandeep	
STREET ADDRESS	1300 MEDICAL DRIVE		STREET ADDRESS	1300 Medical Dr.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	Talla, FL 32308	
12. I hereby certify that the information supplied in 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 of 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:		Robert D. Rowland, M.D., President		1-24-07 216-0108	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



01242007 Chg-P CR2E034 (12/06)

FL


(850)

Rowland

ATTACHMENT

2007 FOR PROFIT CORPORATION ANNUAL REPORT

Page 2

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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2871336	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mital, M.D., Satish C. 1300 Medical Dr. Talla, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV COX, MD, MARILYN M 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Smith, M.D., John Orson 1300 Medical Dr. Talla, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, MD, DAVID W 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Loucks, MD, Donald L. 1300 Medical Dr. Talla, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JUDELLE, JESSE L 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORSTHOEFEL, MD, MICHAEL W 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATOPODIS, MD, JOHN N 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 1-24-07 (895) Daytime Phone #: 216-0108		

Robert D. Rowland, MD, President