

**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	<del>ED TD</del> ROWLAND, MD, ROBERT D 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SP PD</del> COX, MD, MARILYN M 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD</del> SMITH, MD, DAVID W 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD</del> JUDELLE, JESSE L 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD</del> 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

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
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	<del>BD</del> 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	<del>SP</del> 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	<del>SP</del> 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	<del>TD</del> VD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDELL, 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	<del>SP</del> 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		

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 # \_\_\_\_\_