

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M66745

FILED
Apr 12, 2011
Secretary of State

Entity Name: SOUTHERN MEDICAL GROUP, P.A.

Current Principal Place of Business:

% ARUN DHANARAJAN
1300 MEDICAL DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

% ARUN DHANARAJAN
1300 MEDICAL DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-2871336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: ROWLAND, MD, ROBERT D
Address: 1300 MEDICAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD
Name: COX, MD, MARILYN M
Address: 1300 MEDICAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: SMITH, MD, DAVID W
Address: 1300 MEDICAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD
Name: JUDELLE, JESSE L
Address: 1300 MEDICAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD
Name: FORSTHOEFEL, MD, MICHAEL W
Address: 1300 MEDICAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: KATOPODIS, MD, JOHN N
Address: 1300 MEDICAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: ARUN DHANARAJAN

CFO

04/12/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date