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Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SOUTHERN MEDICAL INVESTMENTS, INC.

Principal Place of Business

1301 RIVERPLACE BLVD.
SUITE 2400
JACKSONVILLE, FL 32207
US

Mailing Address

1301 RIVERPLACE BLVD.
SUITE 2400
JACKSONVILLE, FL 32207
US

3. Date Incorporated or Qualified

10/28/1976

3a. Date of Last Report

N/A

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

58-2280962

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID H. PEEK
1301 RIVERPLACE BLVD., SUITE 1609
JACKSONVILLE, FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE P
NAME JAMES L. BINDER
STREET ADDRESS 3667 SOPE CREEK FARM
CITY-ST-ZIP MARIETTA, GA 30067

TITLE VP
NAME SANDRA BINDER
STREET ADDRESS 4506 WOODHAVEN N.E.
CITY-ST-ZIP MARIETTA, GA 30067

TITLE S
NAME RAY BINDER
STREET ADDRESS 2105 NELA AVENUE
CITY-ST-ZIP ORLANDO, FL 32809

TITLE D
NAME CHARLES JACOBSON
STREET ADDRESS 4237 SALISBURY ROAD, BLDG 3, SUITE 308
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-97

904-396-4015

CR2E034 (9/96)