

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090037

1. Entity Name
SOUTHERN MEDICAL INVESTMENTS, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90046 035 ***150.00

Principal Place of Business 1301 RIVERPLACE BLVD SUITE 2400 JACKSONVILLE FL 32207	Mailing Address 1301 RIVERPLACE BLVD SUITE 2400 JACKSONVILLE FL 32207-9038
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2280962	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEEK, DAVID H 1301 RIVERPLACE BLVD, SUITE 1609 JACKSONVILLE FL 32207	
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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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P BINDER, JAMES L	NAME	
STREET ADDRESS	3667 SOPE CREEK FARM	STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30067	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP BINDER, SANDRA	NAME	
STREET ADDRESS	4506 WOODHAVEN N.E.	STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30067	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S BINDER, RAY	NAME	
STREET ADDRESS	2105 NELA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JACOBSON, CHARLES	NAME	
STREET ADDRESS	4237 SALISBURY ROAD BLDG 3 SUITE 308	STREET ADDRESS	2323 Curlew Road, Suite 7-E
CITY-ST-ZIP	JACKSONVILLE FL 32216	CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00
Date

770 5889462
Daytime Phone #

CR05024 (04/99)