

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90053 006 \*\*\*150.00

**DOCUMENT # P99000090037**

1. Entity Name

**SOUTHERN ORTHOPEDIC SPECIALISTS, P.A.**

Principal Place of Business

**412 W 19TH STREET  
 PANAMA CITY FL 32405**

Mailing Address

**412 W 19TH STREET  
 PANAMA CITY FL 32405**

2. Principal Place of Business

**1827 HARRISON AVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**1827 HARRISON AVE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**PANAMA CITY FL**

Zip **32405**

Country

**USA**

City & State

**PANAMA CITY FL**

Zip **32405**

Country

**USA**

4. FEI Number **59-3603332**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**COMBS, SAMUEL L III  
 412 W 19TH STREET  
 PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name **COMBS, Samuel L III**

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

**1827 HARRISON AVE**

City **PANAMA CITY**

FL

Zip Code **32405**

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 **Samuel L. Combs III**

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **COMBS, SAMUEL L III**  
 STREET ADDRESS **412 W 19TH STREET**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☐ Delete  
 NAME **SMITH, KENNETH W**  
 STREET ADDRESS **404 W 19TH ST**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1827 HARRISON AVE**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1827 HARRISON AVE**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: **Samuel L. Combs III** **SAMUEL L COMBS III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/22/01 856 785 6029**

Daytime Phone #

CR2E034 (10/00)