# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 07, 2005**
**Secretary of State**

DOCUMENT# P99000090037

**Entity Name:** SOUTHERN ORTHOPEDIC SPECIALISTS, P.A.

**Current Principal Place of Business:**

1827 HARRISON AVE
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

1827 HARRISON AVE
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number: 59-3603332** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMBS, SAMUEL L III
1827 HARRISON AVE
PANAMA CITY, FL 32405 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: SAMUEL L COMBS III, MD
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: COMBS, III, SAMUEL L MD
Address: 1827 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: SMITH, KENNETH W DO
Address: 1827 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: MITCHELL, THOMAS C MD
Address: 1827 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: GAISER, CORY R DO
Address: 1827 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: DIETRICH, DAVID R MD
Address: 1827 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: SHAIEB, MARK D MD
Address: 1827 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WILLIAMS, RAFAEL M MD
Address: 1827 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SAMUEL L. COMBS III, MD D 10/07/2005
Electronic Signature of Signing Officer or Director Date