

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90225 039 ***158.75

DOCUMENT # P99000090037

1. Entity Name
SOUTHERN ORTHOPEDIC SPECIALISTS, P.A.



Principal Place of Business
**1827 HARRISON AVE
PANAMA CITY, FL 32405**

Mailing Address
**1827 HARRISON AVE
PANAMA CITY, FL 32405**

60033536



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3603332

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COMBS, SAMUEL L III
1827 HARRISON AVE
PANAMA CITY, FL 32405**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **COMBS, III, SAMUEL L MD**
STREET ADDRESS **1827 HARRISON AVE**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **D** ☐ Delete
NAME **SMITH, KENNETH W DO**
STREET ADDRESS **1827 HARRISON AVE**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **D** ☐ Delete
NAME **MITCHELL, THOMAS C MD**
STREET ADDRESS **1827 HARRISON AVE**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **D** ☐ Delete
NAME **GAISER, CORY R DO**
STREET ADDRESS **1827 HARRISON AVENUE**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **D** ☐ Delete
NAME **DIETRICH, DAVID R MD**
STREET ADDRESS **1827 HARRISON AVENUE**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **D** ☐ Delete
NAME **WILLIAMS, RAFAEL M MD**
STREET ADDRESS **1827 HARRISON AVE**
CITY-ST-ZIP **PANAMA CITY, FL 32405**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Michael C Noble MD**
STREET ADDRESS **1827 Harrison Avenue**
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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Samuel L Combs, III MD
Samuel L Combs, III MD

Date

4/28/06

Daytime Phone #

850-763-4364