

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000090037

FILED
Oct 27, 2010
Secretary of State

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D
Name: NOBLE, MICHAEL C MD
Address: 1827 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32405

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

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

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

Title: D
Name: MALIK, STEVEN W MD
Address: 1827 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32405

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL L. COMBS, III, M.D.

P

10/27/2010

Electronic Signature of Signing Officer or Director

Date