

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090037

FILED  
Jan 10, 2011  
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 MD

P

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

01/17/2011 15:22

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IEB



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

**Samuel L. Combs, III, M.D.**  
*Hip and Knee Replacement*  
*Board Certified*  
(850) 785-6029

**Thomas C. Mitchell, M.D.**  
*Pediatric Orthopedics*  
*Sports Medicine*  
*Board Certified*  
(850) 769-KNEE

**Cory R. Gaiser, D.O.**  
*Spine Surgery*  
*Board Certified*  
(850) 785-6980

**Michael C. Noble, M.D.**  
*Family Practice and Sports Medicine*  
*Board Certified*  
(850) 785-6397

**David R. Dietrich, M.D.**  
*Adult Reconstruction*  
*Board Certified*  
(850) 785-0095

**Rafael M. M. Williams, M.D.**  
*Hand - Wrist and*  
*Shoulder-Elbow Surgery*  
*Board Certified*  
(850) 522-HAND

**Steven W. Malik, M.D.**  
*Sports Medicine*  
*Board Eligible*  
(850) 785-0073

**James C. McLoughlin, M.D.**  
*Spine Surgery*  
*Orthopedic Surgery*  
*Board Certified*  
(850) 785-8480

1827 Harrison Avenue  
Panama City, Florida 32405  
(850) 785-4344

January 10, 2011

Florida Division of Corporations  
Sent via fax: (850) 245-6017

RE: Document# P99000090037

To Whom It May Concern:

I filed the 2011 Annual Report for Southern Orthopedic Specialists, P.A. on January 10<sup>th</sup>, 2011. We have 7 owners that need to be listed. However, there is only space for 6 openings on the website. Please add the following individual:

James C. McLoughlin, M.D.  
Title: Director  
Address: 1827 Harrison Avenue, Panama City, FL 32405

If you have need any further information or have any questions, please contact our Chief Financial Officer, Becky Carreira, at (850) 763-4364.

Thank you,

Samuel L. Combs, III, M.D.  
President

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1/10/11