

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090037

FILED
Apr 25, 2012
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

04/25/2012

Electronic Signature of Signing Officer or Director

Date

999-9003
4/25/12

SO
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

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

April 25, 2012

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

RE: Document # P99000090037


To Whom It May Concern:

I filed the 2012 Annual Report for Southern Orthopedic Specialists, P.A. on April 25, 2012. We have 7 owners that need to be listed. However, there is only space for 6 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 need any further information or have any questions, please contact our Chief Financial Officer, Becky Carreira, at (850) 785-4344.

Sincerely,



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