

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090037

Entity Name: SOUTHERN ORTHOPEDIC SPECIALISTS, P.A.

Current Principal Place of Business:

1827 HARRISON AVE
PANAMA CITY, FL 32405

Current Mailing Address:

1827 HARRISON AVENUE
BLDG 2
PANAMA CITY, FL 32405 US

FEI Number: 59-3603332

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COTTON, JOHN RYAN DR.
1827 HARRISON AVE
PANAMA CITY, FL 32405 US

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: JOHN RYAN COTTON, MD

02/18/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name NOBLE, MICHAEL C DR.
Address 1827 HARRISON AVE
City-State-Zip: PANAMA CITY FL 32405

Title VP
Name MITCHELL, THOMAS C DR.
Address 1827 HARRISON AVE
City-State-Zip: PANAMA CITY FL 32405

Title DIRECTOR
Name AWANTANG, MARK N DR.
Address 1827 HARRISON AVE
City-State-Zip: PANAMA CITY FL 32405

Title PRESIDENT
Name COTTON, JOHN R DR.
Address 1827 HARRISON AVE
City-State-Zip: PANAMA CITY FL 32405

Title DIRECTOR
Name CROSSMAN, NICHOLAS W DR.
Address 1827 HARRISON AVENUE
City-State-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: JOHN R. COTTON

PRESIDENT

02/18/2025

Electronic Signature of Signing Officer/Director Detail

Date