

**2020 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:** Yes**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

07/20/2020

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 RYAN COTTON, MD

PRESIDENT

07/20/2020

Electronic Signature of Signing Officer/Director Detail

Date