

2013 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 AVE
PANAMA CITY, FL 32405**FEI Number: 59-3603332****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COMBS, SAMUEL LIII
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name COMBS, III, SAMUEL LMD
Address 1827 HARRISON AVE
City-State-Zip: PANAMA CITY FL 32405

Title D
Name NOBLE, MICHAEL CMD
Address 1827 HARRISON AVE
City-State-Zip: PANAMA CITY FL 32405

Title D
Name MITCHELL, THOMAS CMD
Address 1827 HARRISON AVE
City-State-Zip: PANAMA CITY FL 32405

Title D
Name GAISER, CORY RDO
Address 1827 HARRISON AVENUE
City-State-Zip: PANAMA CITY FL 32405

Title D
Name DIETRICH, DAVID RMD
Address 1827 HARRISON AVENUE
City-State-Zip: PANAMA CITY FL 32405

Title D
Name MALIK, STEVEN WMD
Address 1827 HARRISON AVENUE
City-State-Zip: PANAMA CITY FL 32405

Title D
Name MCLOUGHLIN, JAMES C MD
Address 1827 HARRISON AVE
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: SAMUEL L COMBS, III, MD**PRESIDENT****05/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date