

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000007791

Entity Name: SMD STEADY PHYSICIANS, P.A.**Current Principal Place of Business:**4625 LINDELL BLVD.
SUITE 335
ST. LOUIS, MO 63108**Current Mailing Address:**P.O. BOX 8070
SUITE 335
ST. LOUIS, MO 63156 US**FEI Number:** 82-4868812**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DIRECTOR
Name	SOERRIES, SCOTT
Address	4625 LINDELL BLVD. SUITE 335
City-State-Zip:	ST. LOUIS MO 63108

Title	SECRETARY
Name	SOERRIES, SCOTT
Address	4625 LINDELL BLVD. SUITE 335
City-State-Zip:	ST. LOUIS MO 63108

Title	PRESIDENT
Name	SOERRIES, SCOTT
Address	4625 LINDELL BLVD. SUITE 335
City-State-Zip:	ST. LOUIS MO 63108

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: SCOTT SOERRIES

PRESIDENT

03/25/2022

Electronic Signature of Signing Officer/Director Detail_____
Date