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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 145563

1. Corporation Name

IVY H. S	MITH COMPANY								
5: : : : : :	10	Mailine Address				j jario i iloji ologi ol	 	IBIN DIDAK BIBIN DIDIK D	
Principal Place		Mailing Address 4440 PGA BOULEVARD				•	•		
4440 PGA BOULEVARD 4440 PGA BOULEVARD SUITE 600 SUITE 600					ļ				
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 3			33410				OT WRITE IN T	HIS SPACE	
US US						3. Date Incorporated or 0	Qualifed		.]
						01/19/1946			
2. Principal Place of Business 2a. Mailing Address			_			4. FEI Number		 -	plied For
21 16-C Oak Branch Drive 26 P O Box 1844			5			59-0452210			t Applicable
Suite, Apt. #, etc.					ļ	5. Certificate of Status De	esired 🔀	\$8.75 A Fee Re	
22 27									·
City & State		City & State				6. Election Campaign Fire	- 13	\$5.00 Added t	
	sboro, NC					Trust Fund Contributio			01663
Zip	Country 25 US	Zip	–	-	Į	8. This corporation owes Personal Property Tax		r intangible □Yes	(X)No
24 27407	9. Name and Address of Current		10) <u>V</u>	<u> </u>		10. Name and Address			44
	5. Name and Address of Current	r registered Agei		Name					,
CT	CORPORATION SYSTEM					(D.O. D. M. basis Mar	. Assessable)		
1200 SOUTH PINE ISLAND ROAD			1	Street	Address	(P.O. Box Number is No	(Acceptable)		
PLAI	NTATION FL 33324		Įε	33			-		
			L						<u></u>
			{	City		•		FL 85 Zip (Jode
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the abo	ve-named	corpora	tion submits this statemer	nt for the purpos	e of changing its	registered
office or r	egistered agent, or both, in the State of medical field in the state of the field in the state of the medical field in the state of the	of Florida. Such change was auti	norizea i	by the corp	oration's	board of directors. I here	by accept the ap	ppointment as reg	gistered
•	in familiar with, and accept the obligati	KATS 01, OCCION 007.0000, 1 10110	0.0	•••					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	Registerød A	gent signature	required wh	en reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGE	S TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TTU	E				Change	☐ Addition
NAME	nielsen, steven e.		1.2 NAM	Æ					
STREET ADDRESS	4440 PGA BLVD, STE 600		1.3 STR	EET ADDRESS					!
CITY-ST-ZIP	PALM BCH GDNS FL 33410		_	-ST-ZIP					FT Address
TITLE	D	☐ DELETE	2.1 TITL	E				☐ Change	Addition
NAME	ADAMS, JR L		2.2 NAM	E		•			
STREET ADDRESS	4440 PGA BOULEVARD, SUITE		2.3 \$TR	EET ADDRESS	:				
CITY-ST-ZIP	PALM BEACH GARDENS FL 33			Y-ST-ZIP				: C7 Ob	
TITLE	T	☐ DÉLETE	3.1 TITL		1	•	•	☐ Change	Addition
NAME	BETLACH, DOUGLAS J		3.2 NAW						
STREET ADDRESS	4440 PGA BOULEVARD, SUITE		3.3 STR	EET ADDRESS	i		•		
CITY-ST-ZIP	PALM BEACH GARDESN FL 33			Y-ST-ZIP	ļ			☐ Change	☐ Addition
TITLE	VPD	☐ DELETE	4.1 TITL					. Criange	L Addison
NAME	PLEDGER, THOMAS R		4.2 NA		ì				I
STREET ADDRESS	4440 PGA BOULEVARD, SUITE	***	4 2 CTD	EET ADDRESS	;				
CITY-ST-ZIP	PALM BEACH GARDENS FL 33								
TITLE		410	4.4 CITY	'-ST-ZIP				Change	(X) Addition
	S		4.4 CITY 5.1 TITL	E	S	Tiller		Change	(X) Addition
NAME	S Frazier, Patricia B	410 ☑ DELETE	4.4 CITY 5.1 TITL 5.2 NAM	E IE		Tiller	uita 600	. —	X Addition
NAME STREET ADDRESS	S Frazier, Patricia B 4440 pga Boulevard, Suite	1410	4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR	E IE EET ADDRESS	4440	PGA Blvd., S		. —	Addition
NAME STREET ADDRESS CITY-ST-ZIP	S FRAZIER, PATRICIA B 4440 PGA BOULEVARD, SUITE PALM BEACH GARDENS FL 33	1410	4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY	E IE EET ADDRESS (-ST-ZIP	4440			410	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	S FRAZIER, PATRICIA B 4440 PGA BOULEVARD, SUITE PALM BEACH GARDENS FL 33 VP	1410	5.1 TITL 5.2 NAW 5.3 STR 5.4 CITA 6.1 TITL	E IE EET ADDRESS (-ST-ZIP E	4440 Paln	PGA Blvd., S	is FL 33	. —	Addition Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP	S FRAZIER, PATRICIA B 4440 PGA BOULEVARD, SUITE PALM BEACH GARDENS FL 33	1410	4.4 CITY 5.1 TITL 5.2 NAW 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAW	E IE EET ADDRESS (-ST-ZIP E	Palm T Mich	D PGA Blvd., S n Beach Garden	is FL <u>33</u> ly	410	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPER OF PRINTER NAME OF SIGNING CREEFER AS PRINTERS.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS 16-C OAK BRANCH DRIVE

GREENSBORO NC 27407

January 26, 1999 (336)852-3433

Greensboro, NC 27407