FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 30 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** 597535 (4)STEPHEN M. SMITH, MD., AND JAMES W. DERUFFER M. STEPHEN G. SMITH, MD., D. GHARTERED CHARTERED Principal Place of Business 70 DOCTORS DR 70 DOCTORS DR PANAMA CITY FL 32405 PANAMA CITY FL 32405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified · 12/15/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1867313 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes \(\sigma\) No Zip Country Zip Country 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, STEPHEN M., M.D. 70 DOCTORS DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY, FL LP FL 32405 83 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The leby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. more and the A. A. Signature, typed or printed name of registered agent and title if epplicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 11 DT 6 SMITH, STEPHEN M. 1.2 NAME NAME 70 DOCTORS DR. 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change **Addition** VPD TITE F VPD 2.1 TITLE SMITH, STOPHEN G. STEPHEN G. SMITH TO DOCTOR! DRIVE PANAMA CITY, FL 2.2 NAME NAME 70 DOCTORS DRIVE STREET ADDRESS 2.3 STREET ADDRESS 32405 3240*5* CITY-ST-ZIP 2.4 CITY-ST-ZIP PANAMA DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE. Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIF

14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustee 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 for on an attachment with an address. 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIE TITLE

STREET ADDRESS

CUIRED

DELETE

Change

Addition

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