## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 26, 2005 8:00 am Secretary of State **DOCUMENT # 597535** 04-26-2005 90129 046 \*\*\*150.00 1. Entity Name STEPHEN M. SMITH, M.D. AND STEPHEN G. SMITH, M.D., CHARTERED Principal Place of Business Mailing Address գկկրթորու 70 DOCTORS DR 70 DOCTORS DR PANAMA CITY, FL 32405 US PANAMA CITY, FL 32405 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-1867313 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH; STEPHEN M., M.D. Street Address (P.O. Box Number is 70 DOCTORS DRIVE LP, FL 32405 PANAMA CITY, FL 8. The above named entity subritis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent TEPHEN G. SALTI SIGNATURE 2 Signature, typed or printed name of re 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VPD Delete TITLE Change TITLE Addition NAME SMITH, STEPHEN M NAME STREET ADDRESS 70 DOCTORS DR. STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP TITLE VPD ☐ Delete TITLE ☐ Addition SMITH, STEPHEN G NAME NAME STREET ADDRESS 70 DOCTORS DRIVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like approvered.

**FILED**