

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 597535

FILED  
Apr 01, 2008  
Secretary of State

**Entity Name:** SMITH, SMITH, SIMPSON, AND PERCY, OBGYN PHYSICIANS, CHTD.

**Current Principal Place of Business:**

70 DOCTORS DR  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

70 DOCTORS DR  
PANAMA CITY, FL 32405 US

**New Mailing Address:**

**FEI Number:** 59-1867313

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, STEPHEN G M.D.  
70 DOCTORS DRIVE  
PANAMA CITY, FL LP, FL 32405 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VSDT ( ) Delete  
Name: SMITH, STEPHEN M  
Address: 70 DOCTORS DR.  
City-St-Zip: PANAMA CITY, FL 32405

Title: PTDS ( ) Delete  
Name: SMITH, STEPHEN G  
Address: 70 DOCTORS DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SMITH, STEPHEN G  
Address: 70 DOCTORS DR.  
City-St-Zip: PANAMA CITY, FL 32405

Title: VP (X) Change ( ) Addition  
Name: SIMPSON, SHAWN T  
Address: 70 DOCTORS DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: TS ( ) Change (X) Addition  
Name: PERCY, TRICIA M  
Address: 70 DOCTORS DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** SHAWN T. SIMPSON

VP

04/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date