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04-26-1999 90062 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005588**

1. Corporation Name
SM-FLORIDA OF MD, INC.

Principal Place of Business	Mailing Address
~~351 6TH AVENUE WEST~~ ~~BRADENTON FL 34205~~ ~~US~~	~~351 6TH AVENUE WEST~~ ~~BRADENTON FL 34205~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/09/1993

4. FEI Number: 52-1846823 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9021 Town Center Pkwy	26 9021 Town Center Pkwy
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Bradenton, Fl.	28 BRADENTON Fl.
24 Zip 34202 25 Country Manatee	29 Zip 34202 30 Country Manatee

9. Name and Address of Current Registered Agent

~~KIMBERLY L GRAYS~~
~~351 6TH AVE W~~
~~BRADENTON FL 34205~~

10. Name and Address of New Registered Agent

81 Name: Kimberly L. GRAUS
82 Street Address (P.O. Box Number is Not Acceptable): 9021 Town Center Pkwy
83
84 City: BRADENTON FL 85 Zip Code: 34202

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kimberly L Graus — Kimberly L. GRAUS — 3-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	1.1 TITLE	PCD	☐ Change ☐ Addition
NAME	NEWSOME, JOHN		1.2 NAME	Newsome, John S.	
STREET ADDRESS	~~351 6TH AVE W~~		1.3 STREET ADDRESS	9021 Town Center Pkwy	
CITY-ST-ZIP	~~BRADENTON FL 34205~~		1.4 CITY-ST-ZIP	Bradenton, Fl. 34202	
TITLE	VST	☐ DELETE	2.1 TITLE	VST	☐ Change ☐ Addition
NAME	DOYLE, MICHAEL		2.2 NAME	Doyle, Michael J.	
STREET ADDRESS	~~351 6TH AVE W~~		2.3 STREET ADDRESS	9021 Town Center Pkwy	
CITY-ST-ZIP	~~BRADENTON FL 34205~~		2.4 CITY-ST-ZIP	Bradenton, Fl. 34202	
TITLE		☐ DELETE	3.1 TITLE	AS	☐ Change ☐ Addition
NAME			3.2 NAME	GRAUS, Kimberly L.	
STREET ADDRESS			3.3 STREET ADDRESS	9021 Town Center Pkwy	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Bradenton, Fl. 34202	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kimberly L Graus — Kimberly L. GRAUS — Michael J. Doyle — 3-30-99 — (941) 747-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1/1/98)