2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2002 8:00 AM
Secretary of State

DOCUMENT# F93000005588

Entity Name: SM-FLORIDA OF MD, INC.

Current Principal Place of Business:

9021 TOWN CENTER PKWY
BRADENTON, FL 34202 US

New Principal Place of Business:

Current Mailing Address:

9021 TOWN CENTER PKWY
BRADENTON, FL 34202 US

New Mailing Address:

FEI Number: 52-1846823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIMBERLY L GRAUS
9021 TOWN CENTER PKWY
BRADENTON, FL 34202

Name and Address of New Registered Agent:

MCALLISTER-SMITH, KIMBERLY M
9021 TOWN CENTER PKWY
BRADENTON, FL 34202

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: KIMBERLY M MCALLISTER-SMITH 02/09/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: NEWSOME, JOHN
Address: 9021 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202

Title: VST ( ) Delete
Name: DOYLE, MICHAEL
Address: 9021 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202

Title: AS ( ) Delete
Name: GRAUS, KIMBERLY L
Address: 9021 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NEWSOME, JOHN S
Address: 9021 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202

Title: VST (X) Change ( ) Addition
Name: DOYLE, MICHAEL J
Address: 9021 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202

Title: VAS (X) Change ( ) Addition
Name: MCALLISTER-SMITH, KIMBERLY M
Address: 9021 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIMBERLY M MCALLISTER-SMITH V 02/09/2002
Electronic Signature of Signing Officer or Director Date