

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90165 023 \*\*\*150.00

**DOCUMENT # H64407**

1. Entity Name  
**S.M.H. QUALITY SERVICES, INC.**

Principal Place of Business  
**1700 SOUTH TAMiami TRAIL  
 SARASOTA FL 34239**

Mailing Address  
**PO BOX 3258  
 ATTN: J. HUGH MIDDLEBROOKS  
 SARASOTA FL 34230-3258  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2549204**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIDDLEBROOKS, ESQ, J. HUGH  
 200 S ORANGE AVE  
 SARASOTA FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☒ Delete  
 NAME **COVERT, MICHAEL H.**  
 STREET ADDRESS **1700 S. TAMiami TRAIL**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **DP** ☐ Change ☒ Addition  
 NAME **FINLAY, G. DUNCAN MD**  
 STREET ADDRESS **1700 S. TAMiami TR.**  
 CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **SD** ☐ Delete  
 NAME **MOSS, MARTIN**  
 STREET ADDRESS **1535 HARBOR PLACE**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME **MOSS, MARTIN**

TITLE **CD** ☒ Delete  
 NAME **LEE, MARILYNN**  
 STREET ADDRESS **1354 HARBOR DR**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **DV** ☐ Change ☒ Addition  
 NAME **LYONS, WILLIAM E**  
 STREET ADDRESS **1700 S. TAMiami TR.**  
 CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS** ☐ Change ☒ Addition  
 NAME **COBB, PHYLLIS J.**  
 STREET ADDRESS **1700 S. TAMiami TR.**  
 CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT** ☐ Change ☒ Addition  
 NAME **BURNSIDE, NEIL**  
 STREET ADDRESS **1700 S. TAMiami TR.**  
 CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **STRASSER, ROBERT**  
 STREET ADDRESS **1700 S. TAMiami TR.**  
 CITY-ST-ZIP **SARASOTA, FL 34239**

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*G. Duncan Finlay M.D., President and CEO*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

Doc. # H64407  
748628

ATTACHMENT TO 2001 UBR  
FOR  
S.M.H. QUALITY SERVICES, INC.  
H64407

**BLOCK 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**ADDITION**

**TITLE: D**  
**NAME: ALBERTSON, DON L.**  
**ADDRESS: 1700 S. TAMiami TR.**  
**SARASOTA, FL 34239**

**TITLE: D**  
**NAME: BARCOMB, DONNA**  
**ADDRESS: 1700 S. TAMiami TR.**  
**SARASOTA, FL 34239**

**TITLE: D**  
**NAME: HEBERT, ROBERT P.**  
**ADDRESS: 1700 S. TAMiami TR.**  
**SARASOTA, FL 34239**

**TITLE: D**  
**NAME: KELLY, THOMAS**  
**ADDRESS: 1700 S. TAMiami TR.**  
**SARASOTA, FL 34239**