

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90058 018 ***150.00

DOCUMENT # H64407

1. Entity Name

S.M.H. QUALITY SERVICES, INC.

Principal Place of Business

% J. HUGH MIDDLEBROOKS
200 S. ORANGE AVE.
SARASOTA FL 34236

Mailing Address

% J. HUGH MIDDLEBROOKS
200 S. ORANGE AVE.
SARASOTA FL 34236

2. Principal Place of Business

1700 SOUTH TAMiami TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

4. FEI Number

59-2549204

Applied For

Not Applicable

Zip

34239

Country

USA

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, 2002 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 **FINLAY, DUNCAN G MD**
STREET ADDRESS **1700 S. TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **DP** ☒ Change ☐ Addition
NAME **FINLAY, G. DUNCAN MD**

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

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **LYONS, WILLIAM E.**

TITLE **DS** ☐ Delete
NAME **COBB, PHYLLIS J**
STREET ADDRESS **1700 S TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **D** ☒ Change ☐ Addition
NAME **COBB, PHYLLIS J**

TITLE **DT** ☐ Delete
NAME **BURNSIDE, NEIL**
STREET ADDRESS **1700 S TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STRASSER, ROBERT**
STREET ADDRESS **1700 S TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 941/917-2498
Date Daytime Phone #

CR2E034 (9/01)