

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90097 013 \*\*\*150.00

**DOCUMENT # H64407**

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



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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-2549204**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **FINLAY, G DUNCAN MD**  
STREET ADDRESS **1700 S. TAMiami TRAIL**  
CITY-ST-ZIP **SARASOTA FL 34239**

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

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

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

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

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☒ Change ☐ Addition  
NAME **MOSS, MARTIN**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☒ Change ☐ Addition  
NAME **LYONS, WILLIAM E.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☒ Change ☐ Addition  
NAME **COBB, PHYLLIS J.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☐ Change ☒ Addition  
NAME **ALBERTSON, DON L.**  
STREET ADDRESS **1700 S. TAMiami TRAIL**  
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **D** ☒ Change ☐ Addition  
NAME **STRASSER, ROBERT**  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE OF G. DUNCAN FINLAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/13/03**

CR2E034 (10/02)



ATTACHMENT TO 2003 UBR  
FOR  
SMH QUALITY SERVICES, INC.

11. Additions/Changes to Officers and Directors.

10042938  
H64407

Addition

DT

ALBERTSON, DON L.  
1700 S. TAMiami TRAIL  
SARASOTA, FL 34239

D

BARCOMB, DONNA  
1700 S. TAMiami TRAIL  
SARASOTA, FL 34239

D

CARTER, GREGORY  
1700 S. TAMiami TRAIL  
SARASOTA, FL 34239

D

KELLY, THOMAS MD  
1700 S. TAMiami TRAIL  
SARASOTA, FL 34239

D

BRINKLEY, ELAINE  
1700 S. TAMiami TRAIL  
SARASOTA, FL