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**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90048 044 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03799**

1. Corporation Name

**SMH SERVICES, INC.**

Principal Place of Business

C/O CORPORATE ACCOUNTING  
 1700 SOUTH TAMiami TRAIL  
 SARASOTA FL 34239

Mailing Address

C/O ACCOUNTING SERVICES  
 1700 SOUTH TAMiami TRAIL  
 SARASOTA FL 34239  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P. O. Box 3258		06/20/1984	
22 City & State		27 ATTN: J. Hugh Middlebrooks		4. FEI Number 59-2515855	
23 Zip		28 Sarasota, FL 34230-3258		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 34230-3258 30 USA		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**COVERT, MICHAEL H.**  
 1700 SOUTH TAMiami TRAIL  
 SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name J. Hugh Middlebrooks, Esq.  
 82 Street Address (P.O. Box Number is Not Acceptable) 200 South Orange Ave.  
 83 City  
 84 Sarasota FL 85 Zip Code 34236

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/1/99  
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST Vice Chairman	1.1 TITLE	Director
NAME	MOSS, MARTIN	1.2 NAME	Thomas Kelly, M.D.
STREET ADDRESS	1535 HARBOR PLACE	1.3 STREET ADDRESS	1880 Arlington Street
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	C	2.1 TITLE	Director
NAME	HERBERT, ROBERT P	2.2 NAME	Don Albertson
STREET ADDRESS	1921 FLOYD STREET	2.3 STREET ADDRESS	4136 Woodview Dr.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34232
TITLE	P	3.1 TITLE	
NAME	COVERT, MICHAEL H.	3.2 NAME	
STREET ADDRESS	1700 S. TAMiami TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	PHILLIPS, GERALD M	4.2 NAME	
STREET ADDRESS	825 S TAMiami TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	D Secretary/Treasurer	5.1 TITLE	
NAME	SHRODER, MICHAEL M	5.2 NAME	
STREET ADDRESS	1435 S TAMiami TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	D Chairman	6.1 TITLE	
NAME	SHAPIRO, GARY	6.2 NAME	
STREET ADDRESS	1700 S TAMiami TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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 617, 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: *[Signature]* Michael H. Covert, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)