

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003267

FILED
Mar 10, 2009
Secretary of State

Entity Name: SMH PHYSICIAN SERVICES, INC.

Current Principal Place of Business:

1700 S. TAMIAMI TRAIL
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

C/O J. HUGH MIDDLEBROOKS
200 S. ORANGE AVE.
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0512900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDDLEBROOKS, J. HUGH ESQ.
200 S. ORANGE AVE
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MACKENZIE, GWEN M
Address: 1700 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: COO () Delete
Name: SHAW, DELLA
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: SHRODER, MICHAEL MD
Address: 1700 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DV () Delete
Name: RODMAN, JOHN
Address: 1700 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DT () Delete
Name: STRASSER, ROBERT
Address: 1700 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DS () Delete
Name: LYONS, WILLIAM
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: MERRITT, RICHARD
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWEN M. MACKENZIE

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date