

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003267

FILED  
Apr 12, 2010  
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:**

CROSS STREET CORPORATE SERVICES, LLC  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 US

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: J. HUGH MIDDLEBROOKS, AS A VICE PRESIDENT

04/12/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: COO  
Name: GILBERT, ILENE  
Address: 1700 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: DT  
Name: TOWLER, THOMAS  
Address: 1700 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: D  
Name: RODMAN, JOHN  
Address: 1700 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: DV  
Name: STRASSER, ROBERT  
Address: 1700 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: DS  
Name: DONEGAN, RICHARD  
Address: 1700 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

I hereby 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 all other like empowered.

SIGNATURE: GWEN M. MACKENZIE

DP

04/12/2010

Electronic Signature of Signing Officer or Director

Date