

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N95000003525****1. Entity Name**  
SMG ASSOCIATES, INC.**Principal Place of Business**  
1111 12TH ST  
210  
KEY WEST FL 33040 US  
**Mailing Address**  
P.O. BOX 414586  
MIAMI BEACH FL 33141 US**2. Principal Place of Business**  
1111 12TH ST**3. Mailing Address**  
Suite, Apt. #, etc.**Suite, Apt. #, etc.****City & State**  
KEY WEST FL**City & State**  
KEY WEST FL**Zip**  
33040**Country**  
US**Zip**  
33040**Country**  
US**4. FEI Number**  
**65-0611809****Applied For**  
**Not Applicable****5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****Name**  
SANCHEZ ROBERTO  
**Street Address (P.O. Box Number is Not Acceptable)**  
5900 COLLEGE RD  
**SUITE 616**  
**City**  
KEY WEST FL 33040 US  
**MIAMI****Name**  
SANCHEZ ROBERTO  
**Street Address (P.O. Box Number is Not Acceptable)**  
780 NW LEJEUNE RD  
**SUITE 616**  
**City**  
MIAMI FL 33126**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** **04/25/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**  
**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LOCKWOOD ROBIN M.D.			NAME			
STREET ADDRESS	1111 12TH STREET, SUITE 112			STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MURRAY JACK T			NAME			
STREET ADDRESS	1421 12TH STREET			STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SANCHEZ ROBERTO			NAME			
STREET ADDRESS	780 N.W. LEJEUNE ROAD, SUITE 616			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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 617, 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: ROBERTO SANCHEZ** **D** **04/25/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)