

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000001716

FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

Entity Name: SMH DIAGNOSTIC SERVICES, INC.

## Current Principal Place of Business:

% J. HUGH MIDDLEBROOKS  
200 SOUTH ORANGE AVE.  
SARASOTA, FL 34236

## New Principal Place of Business:

1700 S TAMIAMI TRAIL  
SARASOTA, FL 34239

## Current Mailing Address:

% J. HUGH MIDDLEBROOKS  
200 SOUTH ORANGE AVE.  
SARASOTA, FL 34236

## New Mailing Address:

FEI Number: 65-0739497      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 34236      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: D ( ) Delete  
Name: COLGATE, WILLIAM  
Address: 1700 S TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: TD ( ) Delete  
Name: ALBERTSON, DON  
Address: 1700 SOUTH TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: SD ( ) Delete  
Name: MOSS, MARTIN  
Address: 1535 HARBOR PLACE  
City-St-Zip: SARASOTA, FL 34239

Title: DP ( ) Delete  
Name: FINLAY, G. DUNCAN MD  
Address: 1700 SOUTH TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: DVP ( ) Delete  
Name: STRASSER, ROBERT K  
Address: 3810 OAKLEY DRIVE  
City-St-Zip: SARASOTA, FL 34235

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change ( ) Addition  
Name: KELLY, THOMAS MD  
Address: 1700 SOUTH TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

Title: DS (X) Change ( ) Addition  
Name: STRASSER, ROBERT K  
Address: 1700 S TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

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

Title: DV (X) Change ( ) Addition  
Name: COBB, PHYLLIS  
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 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 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: G. DUNCAN FINLAY, M.D.

DP

04/23/2002

Electronic Signature of Signing Officer or Director

Date