

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90058 016 \*\*\*\*61.25

**DOCUMENT # N99000007195**

1. Entity Name

**SMH GERIATRICS, INC.**

Principal Place of Business

**1700 SOUTH TAMiami TRAIL  
 SARASOTA FL 34239**

Mailing Address

**200 SOUTH ORANGE AVENUE  
 SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3614906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIDDLEBROOKS, J. HUGH  
 200 SOUTH ORANGE AVENUE  
 SARASOTA FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	FINLAY, G DUNCAN MD	1700 S TAMiami TRAIL	SARASOTA FL 34239	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVP	BARCOMB, DONNA	1700 S TAMiami TRAIL	SARASOTA FL 34239	<input type="checkbox"/>	D	BARCOMB, DONNA			<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	COBB, PHYLLIS J	1700 S TAMiami TRAIL	SARASOTA FL 34239	<input type="checkbox"/>	D	COBB, PHYLLIS			<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	BURNSIDE, NEIL	1700 S TAMiami TRAIL	SARASOTA FL 34239	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	LYONS, WILLIAM E	1700 S TAMiami TRAIL	SARASOTA FL 34239	<input type="checkbox"/>	D	LYONS, WILLIAM E.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	HEBERT, ROBERT P	1700 S TAMiami TRAIL	SARASOTA FL 34239	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**G. Duncan Finlay, M.D.**

**4/16/02 941/917-2498**

Date

Daytime Phone #

CR2E037 (9/01)