

FILE NOW: FILING FEE AFTER MAY 1ST IS 70

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000001592 (9)

1. Corporation Name

OWEN R. SMITH, M.D., P.A.

Principal Place of Business

6215-4 RIVERWALK LANE
JUPITER FL 33458

Mailing Address

6215-4 RIVERWALK LANE
JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1997

4. FEI Number

65-0729611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 18386 TWILITE AVE

Suite, Apt. #, etc.

22 City & State

23 PORT CHARLOTTE FL

24 Zip

33948

Country

2a. Mailing Address

26 18386 TWILITE AVE

Suite, Apt. #, etc.

27 City & State

28 PORT CHARLOTTE FL

29 Zip

33948

Country

30

9. Name and Address of Current Registered Agent

SMITH, OWEN R
6215-4 RIVERWALK LANE
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name SMITH, OWEN R
82 Street Address (P.O. Box Number is Not Acceptable)
18386 TWILITE AVE
83
84 City PORT CHARLOTTE FL 85 Zip Code 33948

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent for title 4 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, OWEN R
STREET ADDRESS 6215-4 RIVERWALK LANE
CITY-ST-ZIP JUPITER FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRBS
1.2 NAME SMITH, OWEN R
1.3 STREET ADDRESS 18386 TWILITE AVE
1.4 CITY-ST-ZIP PORT CHARLOTTE FL 33948

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CR2E034 (10/97)