
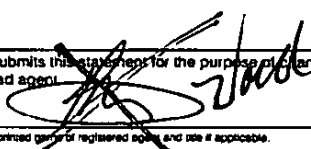
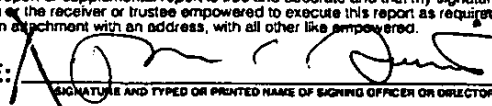


FILED
Mar 23, 2005 8:00 am
Secretary of State

02-07-2005 90067 013 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000030494		
1. Entity Name SMITH WILLIAMS SHOPE KASPER, INC.		
Principal Place of Business BOCA RATON COMMUNITY HOSPITAL 800 MEADOWS ROAD BOCA RATON, FL 33486		Mailing Address BOCA RATON COMMUNITY HOSPITAL 800 MEADOWS ROAD BOCA RATON, FL 33486
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMITH, PHILIP C BOCA RATON COMMUNITY HOSPITAL 800 MEADOWS ROAD BOCA RATON, FL 33486		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, PHILLIP C 800 MEADOWS RD. BOCA RATON COMMUNITY HOSPI BOCA RATON, FL 33486	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHOPE, J C 800 MEADOWS RD. BOCA RATON COMMUNITY HOSPI BOCA RATON, FL 33486	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, TIM R 800 MEADOWS RD. BOCA RATON COMMUNITY HOSPI BOCA RATON, FL 33486	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KASPER, MICHAEL E 800 MEADOWS RD. BOCA RATON COMMUNITY HOSPI BOCA RATON, FL 33486	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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 607, 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: 		Date 3/17/05 Daytime Phone #