

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030494

FILED
Apr 22, 2008
Secretary of State

Entity Name: SMITH WILLIAMS SHOPE KASPER, INC.

Current Principal Place of Business:

BOCA RATON COMMUNITY HOSPITAL
800 MEADOWS ROAD
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1599 N.W. 9TH AVENUE
SUITE 201
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0760142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PHILIP C
1599 N.W. 9TH AVENUE
SUITE 201
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

WILLIAMS, TIM R
1599 N.W. 9TH AVENUE
SUITE 201
BOCA RATON, FL 33486 US

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: TIM R. WILLIAMS, M.D.

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, PHILLIP C
Address: 1599 N.W. 9TH AVENUE #201
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: SHOPE, JOHN C
Address: 1599 N.W. 9TH AVENUE #201
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: WILLIAMS, TIM R
Address: 1599 N.W. 9TH AVENUE # 201
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: KASPER, MICHAEL E
Address: 1599 N.W. 9TH AVENUE #201
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: BENDA, RASHMI K
Address: 1599 N.W. 9TH AVENUE #201
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM R. WILLIAMS, M.D.

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date