

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 01, 2012
Secretary of State

Entity Name: SMITH WILLIAMS SHOPE KASPER, INC.

Current Principal Place of Business:

BOCA RATON COMMUNITY HOSPITAL
701 N.W. 13TH STREET
BOCA RATON, FL 33486

New Principal Place of Business:

BOCA RATON REGIONAL HOSPITAL
701 N.W. 13TH STREET
BOCA RATON, FL 33486

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:

WILLIAMS, TIM R
1599 N.W. 9TH AVENUE
SUITE 201
BOCA RATON, FL 33486 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
Name: SHOPE, JOHN C
Address: 1599 N.W. 9TH AVENUE #201
City-St-Zip: BOCA RATON, FL 33486

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CONNIE CROFT

MGR

02/01/2012

Electronic Signature of Signing Officer or Director

Date