

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105452

FILED
Jan 27, 2004
Secretary of State

Entity Name: GREGORY N. SMITH, M.D., P.A.

Current Principal Place of Business:

1250 SOUTH 18TH STREET
SUITE 204
FERNANDINA BEACH, FL 32304

New Principal Place of Business:

Current Mailing Address:

1250 SOUTH 18TH STREET
SUITE 204
FERNANDINA BEACH, FL 32304

New Mailing Address:

FEI Number: 59-3547253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, GREGORY N PA
AMELIA ISLAND ORTHOPEDICS
1250 S 180TH STREET STE 204
FERNANDINA BEACH, FL 32034 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, GREGORY N
Address: 1250 SOUTH 18TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32304

Title: V () Delete
Name: SMITH, PAULETTE K
Address: 1250 SOUTH 18TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32304

Title: S () Delete
Name: ROBERTSON, WANDA
Address: 1250 SOUTH 18TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: TODD, LESLIE
Address: 1250 SOUTH 18TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32304

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREGORY N. SMITH, M.D.,P.A.

OWNE

01/27/2004

Electronic Signature of Signing Officer or Director

Date