

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686082

Entity Name: EDWARD W.P. SMITH, M.D., P.A.

Current Principal Place of Business:

4479 BAYMEADOWS RD
JACKSONVILLE, FL 32217

Current Mailing Address:

4479 BAYMEADOWS RD
JACKSONVILLE, FL 32217

FEI Number: 59-2017524

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, EDWARD W.P.
4479 BAYMEADOWS RD
JACKSONVILLE, FL 32217 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title MD
Name SMITH, EDWARD W P
Address 4479 BAYMEADOWS ROAD
City-State-Zip: JACKSONVILLE FL 32217

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: EDWARD W.P. SMITH, MD

MD

01/14/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date