

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000005345

Entity Name: SMITH MEDICAL PARTNERS, LLC

Current Principal Place of Business:

1 WEST FIRST AVENUE
CONSHOHOCKEN, PA 19428

Current Mailing Address:

1 WEST FIRST AVENUE
CONSHOHOCKEN, PA 19428 US

FEI Number: 26-1299438

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: HENRY DALE SMITH, JR

05/01/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name COLLIS, STEVEN H.
Address 1 WEST FIRST AVENUE
City-State-Zip: CONSHOHOCKEN PA 19428

Title ASSISTANT SECRETARY
Name NORTON, ROBERT M.
Address 1 WEST FIRST AVENUE
City-State-Zip: CONSHOHOCKEN PA 19428

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT M. NORTON

ASSISTANT SECRETARY

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date