

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000005345

**Entity Name:** SMITH MEDICAL PARTNERS, LLC

**Current Principal Place of Business:**

1300 MORRIS DRIVE  
CHESTERBROOK, PA 19087

**Current Mailing Address:**

227 WASHINGTON STREET  
CONSHOHOCKEN, PA 19428 US

**FEI Number:** 37-0709250

**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

05/01/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            MAUCH, ROBERT P JR  
Address        1300 MORRIS DRIVE  
City-State-Zip: CHESTERBROOK PA 19087

Title            SECRETARY  
Name            BAK, HYUNG J  
Address        1300 MORRIS DRIVE  
City-State-Zip: CHESTERBROOK PA 19087

Title            ASSISTANT SECRETARY  
Name            HIRST, DANIEL T  
Address        1300 MORRIS DRIVE  
City-State-Zip: CHESTERBROOK PA 19087

Title            DIRECTOR  
Name            COLLIS, STEVEN H  
Address        1300 MORRIS DRIVE  
City-State-Zip: CHESTERBROOK PA 19087

*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:** DANIEL T HIRST

ASSISTANT SECRETARY    05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date