

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000005345

Entity Name: SMITH MEDICAL PARTNERS, LLC**Current Principal Place of Business:**3063 FIAT AVE
SPRINGFIELD, IL 62703**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

05/01/2018

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 05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date