## 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000061622

Entity Name: SMITH MEDICAL HOLDINGS INC.

**Current Principal Place of Business:** 

SUITE 200-152

PALM COAST, FL 32164

**Current Mailing Address:** 

800 BELLE TERRE PARKWAY

800 BELLE TERRE PARKWAY

SUITE 200-152

PALM COAST, FL 32164 US

FEI Number: 88-3601497 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARNETT, DANIEL 800 BELLE TERRE PARKWAY SUITE 200-152 PALM COAST, FL 32164 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title CEO Title COO

BARNETT, DANIEL Name Name LUNDBERG, BRENDON

800 BELLE TERRE PARKWAY, SUITE 800 BELLE TERRE PARKWAY, SUITE Address Address

200-152 200-152

City-State-Zip: PALM COAST FL 32164 City-State-Zip: PALM COAST FL 32164

Title CMO Title **EVP** 

Name ELLIOTT, J. PAUL Name MORTINSEN, JAMES

Address 800 BELLE TERRE PARKWAY, SUITE Address 800 BELLE TERRE PARKWAY, SUITE

200-152 200-152

City-State-Zip: PALM COAST FL 32164 City-State-Zip: PALM COAST FL 32164

Title DIR Title **CFO** 

ROSE, ROY FLINTOM, ROB Name Name

800 BELLE TERRE PARKWAY, SUITE 800 BELLE TERRE PARKWAY Address Address

SUITE 200-152 200-152

City-State-Zip: PALM COAST FL 32164 City-State-Zip: PALM COAST FL 32164

**FILED** Mar 13, 2023

**Secretary of State** 

5414509025CC

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.