

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000087481 (4)

1. Corporation Name

MEDICAL PARTNERS OF MARTIN COUNTY, P.A.



Principal Place of Business

816 EAST OCEAN BLVD.  
STUART FL 34994

Mailing Address

816 EAST OCEAN BLVD.  
STUART FL 34994

3. Date Incorporated or Qualified

11/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0621837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COEL, MARK A ESQ.  
1946 TYLER STREET  
HOLLYWOOD FL 33020

81 Name

Jeffrey S. Gorodetsky M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

633 E. 5TH ST.

83

84 City

STUART

FL

85 Zip Code

34994

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Jeffrey S. Gorodetsky M.D.*  
Signature of officer or director of corporation and title if applicable

Jeffrey S. Gorodetsky M.D. President

Date

4/19/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME Jeffrey S. Gorodetsky M.D.  
1.3 STREET ADDRESS 633 E. 5TH ST.  
1.4 CITY-ST-ZIP STUART, FL 34994

2.1 TITLE Vice President ☐ Change ☒ Addition  
2.2 NAME Ann Hutchinson  
2.3 STREET ADDRESS 410 DALSON AVE  
2.4 CITY-ST-ZIP STUART, FL 34994

3.1 TITLE Vice President ☐ Change ☒ Addition  
3.2 NAME FERIC HALL  
3.3 STREET ADDRESS 401 E. OCEAN BLVD  
3.4 CITY-ST-ZIP STUART, FL 34994

4.1 TITLE TRUSHER ☐ Change ☒ Addition  
4.2 NAME CHAR HUNLEY  
4.3 STREET ADDRESS 27 E. OCEAN BLVD  
4.4 CITY-ST-ZIP STUART, FL 34994

5.1 TITLE SECRETARY ☐ Change ☒ Addition  
5.2 NAME DAVID BRIGHT  
5.3 STREET ADDRESS 816 E. OCEAN BLVD  
5.4 CITY-ST-ZIP STUART, FL 34994

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jeffrey S. Gorodetsky M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey S. Gorodetsky M.D. President

Date

4/19/96

407-781-4201

Daytime Phone

CR2E034 (12/95)