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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 34994-2428

3. Date Incorporated or Qualified

11/14/1995

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

27 East Ocean Boulevard

27

Suite, Apt. #, etc.

28

City & State

29

Stuart, FL

30

Zip

Country

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

GORODETSKY, JEFFREY S MD
633 E. 5TH ST.
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GORODETSKY, JEFFREY S MD
STREET ADDRESS 633 E. 5TH ST.
CITY-ST-ZIP STUART FL

TITLE VP
NAME HUTCHINSON, ANN
STREET ADDRESS 410 BALBOA AVE
CITY-ST-ZIP STUART FL

TITLE VP
NAME HALL, ERIC
STREET ADDRESS 401 E. OCEAN BLVD
CITY-ST-ZIP STUART FL

TITLE T
NAME HARVEY, CHAD
STREET ADDRESS 27 E. OCEAN BLVD
CITY-ST-ZIP STUART FL

TITLE S
NAME BRIGHT, DAVID
STREET ADDRESS 816 E. OCEAN BLVD
CITY-ST-ZIP STUART FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 410 Balboa Avenue
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chad Harvey, Treasurer

1/16/97

561-287-2191

Date

Daytime Phone #

0471000

CR2E034 (9/96)