

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000087481

1. Entity Name
MEDICAL PARTNERS OF MARTIN COUNTY, P.A.



Principal Place of Business
816 EAST OCEAN BLVD.
STUART, FL 34994

Mailing Address
900 E. OCEAN BLVD
E-144
STUART, FL 34994 US



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0621837

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORODETSKY, JEFFREY S MD
433 E OCEAN BLVD
STUART, FL 34994

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000135069
04/28/04-80045-005 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME GORODETSKY, JEFFREY S MD
STREET ADDRESS 433 E. OCEAN BLVD
CITY-ST-ZIP STUART, FL 34994

TITLE VP
NAME HALL, ERIC
STREET ADDRESS 640 EAST OCEAN BLVD
CITY-ST-ZIP STUART, FL 34994

TITLE T
NAME HARVEY, CHAD
STREET ADDRESS 900 E. OCEAN BLVD, E-144
CITY-ST-ZIP STUART, FL 34994

TITLE S
NAME BRIGHT, DAVID
STREET ADDRESS 816 E. OCEAN BLVD
CITY-ST-ZIP STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

JEFFREY S GORODETSKY
PRESIDENT

04-22-04

772-288-0303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #