

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90224 030 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 900 E OCEAN BLVD Suite, Apt. #, etc. F-150		3. Mailing Address 900 E OCEAN BLVD Suite, Apt. #, etc. F-150			
City & State STUART, FL		City & State STUART, FL		4. FEI Number 65-0621837	
Zip 34994		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORODETSKY, JEFFREY S MD 433 E OCEAN BLVD STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when re-registering) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORODETSKY, JEFFREY S MD 433 E. OCEAN BLVD STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, ERIC 640 EAST OCEAN BLVD STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARVEY, CHAD 900 E. OCEAN BLVD, E-144 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIGHT, DAVID 816 E. OCEAN BLVD STUART, FL 34994 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		CHAD HARVEY TREASURER		04-23-07 772-288-0303 Date Daytime Phone #	