FILED
Mar 10, 2004 8:00 am
Secretary of State

02-25-2004 90065 027 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66405269

DOCUMENT # 725286

1. Entity Name
MARTIN COUNTY MEDICAL SOCIETY, INC.

02182004 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
HOSPITAL DR. 300 HOSPITAL AVE STUART, FL 34995	P.O. BOX 9010 STUART, FL 34995

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2098128 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEGIOIA, CORIE 300 HOSPITAL AVE STUART, FL 34995	Name: Janice Homewood Street Address (P.O. Box Number is Not Acceptable) 300 Hospital Ave City: Stuart FL Zip Code: 34995

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: Janice Homewood 3/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AUTIN, JAMES 1701 SE MILLDOOR DR STE 501 PORT SAINT LUCIE, FL 34952	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIRAGLIA, VINCENT 2389 E OCEAN BLVD STE A STUART, FL. 34996	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MIRAGLIA, VINCENT 2398 E OCEAN BLVD STUART, FL 34996	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD THANVI, MAGHRAJ 1052 E OCEAN BOULEVARD STUART, FL 34996	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CBCD BARBATI, ROBERT 411 E OSCEOLA ST. STUART, FL 34994	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CBCD MALDONADO, CARLAS 421 E. OSCEOLA STREET STUART, FL. 34994	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SAROL, STUART 844 E OCEAN BLVD STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPEC SABOL, STUART 844 E OCEAN BLVD STUART, FL. 34994	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT MURRAY, DERRICK 3498 NW PEACOCK HWY JENSEN BEACH, FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS DWECK, MURRAY 3498 NW FEDERAL HIGHWAY JENSEN BEACH, FL. 34957	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CE HAYES, JAMES 1884 SW SAINT ANDREWS DR PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CE HAYES, JAMES 1884 SW SAINT ANDREWS DR. PALM CITY FL 34990	☐ Change ☐ Addition

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 617, 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: Janice Homewood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #