

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725286

FILED
Mar 21, 2005
Secretary of State

Entity Name: MARTIN COUNTY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

HOSPITAL DR.
300 HOSPITAL AVE
STUART, FL 34995

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9010
STUART, FL 34995

New Mailing Address:

FEI Number: 59-2098128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOMEWOOD, JANICE
300 HOSPITAL AVE.
STUART, FL 34995 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIRAGUA, VINCENT
Address: 2389 E OCEAN BLVD, STE. A
City-St-Zip: STUART, FL 34996

Title: STD () Delete
Name: THAMVI, MAGHRAJ
Address: 1052 E OCEAN BLVD.
City-St-Zip: STUART, FL 34996

Title: CBCD () Delete
Name: MALDONADO, CARLOS
Address: 421 E OSCEOLA ST.
City-St-Zip: STUART, FL 34994

Title: CPEC () Delete
Name: SAROL, STUART
Address: 844 E OCEAN BLVD
City-St-Zip: STUART, FL 34994

Title: CS () Delete
Name: MURRAY, DERRICK
Address: 3498 NWPEACOCK HWY
City-St-Zip: JENSEN BEACH, FL 34957

Title: CE () Delete
Name: HAYES, JAMES
Address: 1884 SW SAINT ANDREWS DR
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAO, CHRISTOPHER
Address: 634 JENSEN BEACH
City-St-Zip: JENSEN BEACH, FL 34957

Title: STD (X) Change () Addition
Name: MIRAGLIA, VINCENT
Address: 2398 E OCEAN BLVD
City-St-Zip: STUART, FL 34996

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CPEC (X) Change () Addition
Name: SABOL, STUART
Address: 2221 E OCEAN BLVD
City-St-Zip: STUART, FL 34996

Title: CS (X) Change () Addition
Name: DWECK, MURRAY
Address: 3498 N W FEDERAL HWY
City-St-Zip: JENSEN BEACH, FL 34957

Title: CE (X) Change () Addition
Name: CARTER, FRED
Address: 1100 S W SHORELINE DR., APT 112
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE HOMEWOOD

DIRE

03/21/2005

Electronic Signature of Signing Officer or Director

Date