

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725286

FILED  
Jan 13, 2006  
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:

2150 SE SALERNO ROAD  
SUITE 108  
STUART, FL 34997

## Current Mailing Address:

P.O. BOX 9010  
STUART, FL 34995

## New Mailing Address:

2150 SE SALERNO ROAD  
SUITE 108  
STUART, FL 34997

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:

MARKOVICH, WENDY L  
2150 SE SALERNO ROAD  
SUITE 108  
STUART, FL 34997 US

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: WENDY L. MARKOVICH

01/13/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

Title: STD ( ) Delete  
Name: MIRAGLIA, VINCENT  
Address: 2398 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: SABOL, STUART  
Address: 2221 E OCEAN BLVD  
City-St-Zip: STUART, FL 34996

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: THANVI, MAGHRAJ  
Address: 1052 E. OCEAN BLVD.  
City-St-Zip: STUART, FL 34996

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

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

Title: CPEC (X) Change ( ) Addition  
Name: MAISON, DANIEL  
Address: 1201 SE INDIAN ST.  
City-St-Zip: STUART, FL 34997

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WENDY L MARKOVICH

DIRE

01/13/2006

Electronic Signature of Signing Officer or Director

Date