


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90017 048 ****61.25

DOCUMENT # 725286 1. Entity Name MARTIN COUNTY MEDICAL SOCIETY, INC.					
Principal Place of Business 2150 SE SALERNO ROAD SUITE 108 STUART, FL 34997			Mailing Address 2150 SE SALERNO ROAD SUITE 108 STUART, FL 34997		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2098128	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARKOVICH, WENDY L 2150 SE SALERNO ROAD SUITE 108 STUART, FL 34997				7. Name and Address of New Registered Agent Name Lee Libardoni Street Address (P.O. Box Number is Not Acceptable) 2150 SE Salerno Road Suite 108 City Stuart FL Zip Code 34997	
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 <u>Lee E. Libardoni</u> Lee E. Libardoni Executive 2-1-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 Past President <input type="checkbox"/> Delete THANVI, MAGHRAJ 1052 E. OCEAN BLVD. STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Current <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sabol, Stuart 2221 SE Ocean Blvd. Ste 300 Stuart, FL 34996		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete MIRAGLIA, VINCENT 2398 E OCEAN BLVD STUART, FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBCD <input type="checkbox"/> Delete MALDONADO, CARLOS 421 E OSCEOLA ST. STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPEC <input type="checkbox"/> Delete MAISON, DANIEL 1201 SE INDIAN ST. STUART, FL 34997	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS <input type="checkbox"/> Delete DWECK, MURRAY 3498 N W FEDERAL HWY JENSEN BEACH, FL 34957	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE <input checked="" type="checkbox"/> Delete CARTER, FRED 1100 S W SHORELINE DR., APT 112 PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Economics <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Harrell, James 1885 N.W. Eagle Point Stuart, FL 34994		
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 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: <u>Vincent Pough</u> Secretary-Treasurer 2-1-07 (772) 223-2864 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					