

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725286

FILED
Jan 15, 2009
Secretary of State

Entity Name: MARTIN COUNTY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

2150 SE SALERNO ROAD
SUITE 108
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

2150 SE SALERNO ROAD
SUITE 108
STUART, FL 34997

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:

LIBARDONI, LEE
2150 SE SALERNO ROAD
SUITE 108
STUART, FL 34997 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: PP () Delete
Name: STUART, SABOL MS
Address: 2221 SE OCEAN BLVD. STE 300
City-St-Zip: STUART, FL 34996

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: LOFTON, STEVE MD
Address: 200 SE HOSPITAL AVE.
City-St-Zip: STUART, FL 34994

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

Title: P () Delete
Name: MAISON, DANIEL MD
Address: 1201 SE INDIAN ST.
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: MAISON, DANIEL MD
Address: 2221 SE OCEAN BLVD. STE 300
City-St-Zip: STUART, FL 34997

Title: STD (X) Change () Addition
Name: MIRAGLIA, VINCENT MD
Address: 1201 SE INDIAN ST.
City-St-Zip: STUART, FL 34996

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

Title: CPEC (X) Change () Addition
Name: ROMANO, MICHAEL MD
Address: 200 SE HOSPITAL AVE.
City-St-Zip: STUART, FL 34994

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

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

I hereby certify that the information supplied with this filing does not qualify 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: VINCENT MIRAGLIA, MD

ST

01/15/2009

Electronic Signature of Signing Officer or Director

Date