## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 725286** 

FILED Jan 18, 2012 Secretary of State

Entity Name: MARTIN COUNTY MEDICAL SOCIETY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2150 SE SALERNO ROAD SUITE 108 STUART, FL 34997

**Current Mailing Address: 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: Name and Address of New Registered Agent:

DEGIOIA, CORIE 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

PATEL, DEVANG MD Name:

Address: 1001 E OCEAN BLVD, SUITE 103

City-St-Zip: STUART, FL 34996

Title: STD

Name: MIRAGLIA, VINCENT MD Address: 2398 SE OCEAN BLVD. SUITE A

City-St-Zip: STUART, FL 34996

Title: CBCD

MALDONADO, CARLOS MD Name: Address: 2392 SE OCEAN BLVD City-St-Zip: STUART, FL 34996

Title: **CPEC** 

Name: DERMARKARIAN, ROBERT MD 2221 SE OCEAN BLVD, SUITE 100 Address:

City-St-Zip: STUART, FL 34994

Title: CS

GASIOREK, SCOTT MD Name: 2107 S.E. OCEAN BLVD Address: City-St-Zip: STUART, FL 34996

Title:

STEVE. LOFTON MD Name: Address: 2150 SE SALERNO ROAD STUART, FL 34997 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: VINCENT MIRAGLIA, MD STD 01/18/2012