

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90019 019 ***150.00

DOCUMENT # G46752

1. Entity Name
MEDICAL & FINANCIAL MANAGEMENT, INC.



Principal Place of Business
**2127 SE OCEAN BLVD
STUART, FL 34996**

Mailing Address
**P.O. BOX 9033
STUART, FL 34995-9010**

40102232



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2320501

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARMAN, RICHMOND M.
301 HOSPITAL AVE
STUART, FL 34994**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
COCORULLO, L. MARK
301 HOSPITAL AVENUE
STUART, FL 34995**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VCD
ROBITAILLE, MARK E
301 HOSPITAL AVENUE
STUART, FL 34995**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCD
HARMAN, RICHMOND M.
301 HOSPITAL AVENUE
STUART, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TAGLIARENI, JOHN
PO BOX 9010
STUART, FL 34995**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
HOWARD, ROBBINS MD
PO BOX 9010
STUART, FL 349959010**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RIPPER, KAREN
PO BOX 9010
STUART, FL 34995**

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08 772-287-5200
Date Daytime Phone #

P95000081401
MEDICAL & FINANCIAL MANAGEMENT, INC.

A1 ATTACHMENT
40102232
#646752

ADDITIONAL OFFICERS AND DIRECTORS

D
BARRY, AMY
301 HOSPITAL AVENUE
STUART, FL 34994

D
BRINK, ARTHUR
301 HOSPITAL AVE.
STUART, FL 34994

D
COTY, MIGUEL
301 HOSPITAL AVENUE
STUART, FL 34994