

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G46752

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MEDICAL & FINANCIAL MANAGEMENT, INC.

## Current Principal Place of Business:

2127 SE OCEAN BLVD  
STUART, FL 34996

## New Principal Place of Business:

2127 SE OCEAN BLVD  
STUART, FL 34996 US

## Current Mailing Address:

P.O. BOX 9033  
STUART, FL 349959010

## New Mailing Address:

P.O. BOX 9033  
STUART, FL 34995 US

FEI Number: 59-2320501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

LORD, ROB  
301 HOSPITAL AVE  
STUART, FL 34994 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: ROB LORD

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: COCORULLO, L. MARK  
Address: 301 HOSPITAL AVENUE  
City-St-Zip: STUART, FL 34995

Title: VCD ( ) Delete  
Name: ROBITAILLE, MARK E  
Address: 301 HOSPITAL AVENUE  
City-St-Zip: STUART, FL 34995

Title: PCD ( ) Delete  
Name: HARMAN, RICHMOND M.  
Address: 301 HOSPITAL AVENUE  
City-St-Zip: STUART, FL

Title: D ( ) Delete  
Name: TAGLIARENI, JOHN  
Address: PO BOX 9010  
City-St-Zip: STUART, FL 34995

Title: SD ( ) Delete  
Name: HOWARD, ROBBINS MD  
Address: PO BOX 9010  
City-St-Zip: STUART, FL 349959010

Title: D ( ) Delete  
Name: RIPPER, KAREN  
Address: PO BOX 9010  
City-St-Zip: STUART, FL 34995

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition  
Name: COCORULLO, L. MARK  
Address: 301 HOSPITAL AVENUE  
City-St-Zip: STUART, FL 34994 US

Title: PCD (X) Change ( ) Addition  
Name: ROBITAILLE, MARK E  
Address: 301 HOSPITAL AVENUE  
City-St-Zip: STUART, FL 34994 US

Title: D (X) Change ( ) Addition  
Name: COLLINS, ED  
Address: 301 HOSPITAL AVENUE  
City-St-Zip: STUART, FL 34994 US

Title: D (X) Change ( ) Addition  
Name: TAGLIARENI, JOHN  
Address: PO BOX 9010  
City-St-Zip: STUART, FL 34995 US

Title: SD (X) Change ( ) Addition  
Name: ROBBINS, HOWARD MD  
Address: PO BOX 9010  
City-St-Zip: STUART, FL 34995 US

Title: VPD (X) Change ( ) Addition  
Name: RIPPER, KAREN  
Address: PO BOX 9010  
City-St-Zip: STUART, FL 34995 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK ROBITAILLE

PCD

04/30/2009

Electronic Signature of Signing Officer or Director

Date