2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

DOCUMENT# G46752

Entity Name: MEDICAL & FINANCIAL MANAGEMENT, INC.

Current Principal Place of Business:

2127 SE OCEAN BLVD
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9033
STUART, FL 34995 US

New Mailing Address:

FEI Number: 59-2320501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LORD, ROBERT L JR
301 HOSPITAL AVE
STUART, FL 34994 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: T/D
Name: COCORULLO, L. MARK
Address: 301 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994 US

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

Title: D
Name: COLLINS, ED
Address: 301 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994 US

Title: D
Name: BARRY, AMY
Address: PO BOX 9010
City-St-Zip: STUART, FL 34995 US

Title: S/D
Name: ROBBINS, HOWARD MD
Address: PO BOX 9010
City-St-Zip: STUART, FL 34995 US

Title: VPD
Name: GRIFFITH, DONNA
Address: PO BOX 9010
City-St-Zip: STUART, FL 34995 US

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

SIGNATURE: MARK E. ROBITAILLE PCD 04/04/2011

Electronic Signature of Signing Officer or Director Date