

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001616

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: MARTIN COUNTY PUBLIC GUARDIAN, INC.

## Current Principal Place of Business:

300 HOSPITAL AVENUE  
C/O MARTIN MEMORIAL HEALTH SYSTEMS  
STUART, FL 34994

## New Principal Place of Business:

## Current Mailing Address:

300 HOSPITAL AVENUE  
STUART, FL 34994

## New Mailing Address:

300 HOSPITAL AVENUE  
C/O MARTIN MEMORIAL HEALTH SYSTEMS  
STUART, FL 34994

FEI Number: 20-0749127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAKE, LINDA ESQ.  
300 HOSPITAL AVENUE  
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: P ( ) Delete  
Name: HAKE, LINDA  
Address: 300 HOSPITAL AVENUE  
City-St-Zip: STUART, FL 34994

Title: VP ( ) Delete  
Name: JOHNSON, BONNEY A  
Address: 900 SE FEDERAL HWY  
City-St-Zip: STUART, FL 34994

Title: ST ( ) Delete  
Name: STRIKE, JANE  
Address: 300 HOSPITAL AVENUE  
City-St-Zip: STUART, FL 34994

Title: D (X) Delete  
Name: SMITH, LINDA C  
Address: 1320 S FEDERAL HWY, #101  
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete  
Name: TAYLOR, RENA  
Address: 423 FERN STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: SHAPIRO, HARRIET  
Address: 2608 SE WILLOUGHBY BLVD  
City-St-Zip: STUART, FL 34994

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP/S (X) Change ( ) Addition  
Name: SMITH, LINDA C  
Address: 1320 S FEDERAL HWY, #101  
City-St-Zip: STUART, FL 34994

Title: D (X) Change ( ) Addition  
Name: ZOGRAN, GREGORY  
Address: 7000 SE FEDERAL HWY  
City-St-Zip: STUART, FL 34997

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: SHAPIRO, HARRIET  
Address: 2608 SE WILLOUGHBY BLVD  
City-St-Zip: STUART, FL 34994

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: HARRIET G SHAPIRO

T

04/28/2008

Electronic Signature of Signing Officer or Director

Date