

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001616

FILED
Apr 20, 2009
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
C/O MARTIN MEMORIAL HEALTH SYSTEMS
STUART, FL 34994

New Mailing Address:

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

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

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

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

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

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

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

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

04/20/2009

Electronic Signature of Signing Officer or Director

Date