

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90226 045 ****61.25

DOCUMENT # N06000004448					
1. Entity Name PREFERRED PROFESSIONALS OF MARTIN COUNTY, INC.					
Principal Place of Business 2608 SE WILLOUGHBY BOULEVARD STUART, FL 34994			Mailing Address 2608 SE WILLOUGHBY BOULEVARD STUART, FL 34994		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04222007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-4010427				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAVARGNA, CARRIE 401 E OSCEOLA STREET, LOWER LEVEL STUART, FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME GILL, GAIL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1102 W INDIANTOWN RD	JUPITER, FL 33458		NAME VP JAMES CHILDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP	JUPITER, FL 33458		STREET ADDRESS 1499 SE LEGACY COVE CIRCLE	STUART FL 34990	
TITLE VP	NAME SWAN, BOB	<input checked="" type="checkbox"/> Delete	TITLE TD S Toni MASSAR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 925 MARTIN DOWNS BLVD	PALM CITY, FL 34990		STREET ADDRESS 2608 SE WILLOUGHBY BLVD	STUART, FL 34994	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	STUART, FL 34994	
TITLE SD	NAME SEARLE, MIKE	<input checked="" type="checkbox"/> Delete	TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 2658 SW REILLY AVE	PALM CITY, FL 34990		STREET ADDRESS 759 S Federal Hwy	STUART FL 34994	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	STUART FL 34994	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <i>S. Toni Massar</i> S. Toni MASSAR			4/24/07 772-214-0728		Date Daytime Phone #