

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

EP DVN FOU!\$ N06000004448 <small>2/ Entity Name</small> PREFERRED PROFESSIONALS OF MARTIN COUNTY, INC.						FILED 08 APR -7 PM 2:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<small>Principal Place of Business</small> 3719 TFXUMPAH CZOPMWE TUESDAY 45: 5				<small>Mailing Address</small> 3719 TFXUMPAH CZOPMWE TUESDAY 45: 5			
<small>3/ Principal Place of Business - No P.O. Box #</small>		<small>4/ Mailing Address</small> PO Box 74		<small>5/ FEI Number</small> 20-4010427		<small>Applied For</small> <input type="checkbox"/> Not Applicable	
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>		<small>6/ Certificate of Status Desired</small> <input type="checkbox"/> %0/86 Beejupbm <small>G f f i s f r v j d e</small>		<small>04032008 Di h.OQ DS3F148)23017*</small>	
<small>City & State</small>		<small>City & State</small> PORT SALERNO		<small>7/ Obn f lboelBees t t lpgDvsa ouSf hjt u f e lBhf ou</small>		<small>8/ Obn f lboelBees t t lpgOf x lSf hjt u f e lBhf ou</small>	
<small>Zip</small>		<small>Country</small> FL		<small>Zip</small> 34992		<small>Country</small> FL	
LAVARGNA, CARRIE 401 E OSCEOLA STREET, LOWER LEVEL STUART, FL 34994				<small>Name</small> _____ <small>Street Address (P.O. Box Number is Not Acceptable)</small> _____ <small>City</small> GM <small>Zip Code</small>			
<small>9/ 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.</small>							
Amended AR is \$61.25				<small>10/ Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/>		<small>11/ NbzlCl i Beef elupG f t</small>	
<small>Make check payable to Florida Department of State</small>				300122544513 04/08/08--01011--015 **61.25			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				<small>DATE</small>			
21/ OFFICERS AND DIRECTORS				22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
<small>TITLE</small> PD <small>NAME</small> GILL, GAIL <input checked="" type="checkbox"/> Delete <small>STREET ADDRESS</small> 1102 W INDIANTOWN RD <small>CITY-ST-ZIP</small> JUPITER, FL 33458	<small>TITLE</small> PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <small>NAME</small> DOUGHERILL, GUY <small>STREET ADDRESS</small> 4441 SE COMMERCE AVE <small>CITY-ST-ZIP</small> STUART, FL 34997			<small>TITLE</small> VPD <input type="checkbox"/> Delete <small>NAME</small> CHILDS, JAMES <small>STREET ADDRESS</small> 1499 SE LEGACY COVE CIRLE <small>CITY-ST-ZIP</small> STUART, FL 34990			
<small>TITLE</small> TDS <input type="checkbox"/> Delete <small>NAME</small> MASSAR, TONI <small>STREET ADDRESS</small> P.O. BOX 74 <small>CITY-ST-ZIP</small> PORT SALERNO, FL 34992				<small>TITLE</small> SD <input checked="" type="checkbox"/> Delete <small>NAME</small> SCHULTZ, RHONDA W <small>STREET ADDRESS</small> 759 FEDERAL HWY <small>CITY-ST-ZIP</small> STUART, FL 34994			
<small>TITLE</small> SD <input type="checkbox"/> Delete <small>NAME</small> SCHULTZ, RHONDA W <small>STREET ADDRESS</small> 759 FEDERAL HWY <small>CITY-ST-ZIP</small> STUART, FL 34994				<small>TITLE</small> BEAUCHLER, SEAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <small>NAME</small> 722 SW BILTMORE ST SUITE B <small>STREET ADDRESS</small> PORT ST LUCIE, FL 34983 <small>CITY-ST-ZIP</small>			
<small>TITLE</small> SD <input type="checkbox"/> Delete <small>NAME</small> SCHULTZ, RHONDA W <small>STREET ADDRESS</small> 759 FEDERAL HWY <small>CITY-ST-ZIP</small> STUART, FL 34994				<small>TITLE</small> SD <input type="checkbox"/> Delete <small>NAME</small> SCHULTZ, RHONDA W <small>STREET ADDRESS</small> 759 FEDERAL HWY <small>CITY-ST-ZIP</small> STUART, FL 34994			
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<small>23/ 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.</small>							
T.HOBUSF; <i>Toni Massar</i> <i>Treasurer</i>				4/3/08 772-214-0728 <small>Date Daytime Phone #</small>			