

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004448

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: PREFERRED PROFESSIONALS OF MARTIN COUNTY, INC.

**Current Principal Place of Business:**

2608 SE WILLOUGHBY BOULEVARD  
STUART, FL 34994

**New Principal Place of Business:**

4172 SE PAUL TER  
STUART, FL 34997

**Current Mailing Address:**

P.O. BOX 74  
PORT SALERNO, FL 34992

**New Mailing Address:**

FEI Number: 20-4010427      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAVARGNA, CARRIE  
401 E OSCEOLA STREET, LOWER LEVEL  
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: PD ( ) Delete  
Name: DOCKERILL, GUY  
Address: 4441 SE COMMERCE AVE.  
City-St-Zip: STUART, FL 34997

Title: VPD ( ) Delete  
Name: CHILDRE, JAMES  
Address: 1499 SE LEGACY COVE CIRLE  
City-St-Zip: STUART, FL 34990

Title: TDS ( ) Delete  
Name: MASSAR, TONI  
Address: P.O. BOX 74  
City-St-Zip: PORT SALERNO, FL 34992

Title: SD ( ) Delete  
Name: BEAUCHLER, SEAN  
Address: 722 SW BILTMORE ST., STE. B  
City-St-Zip: PORT ST. LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HART, LEO  
Address: 500 SE DIXIE HWY, SUITE 2  
City-St-Zip: STUART, FL 34994

Title: VPD (X) Change ( ) Addition  
Name: WERNER SCHULTZ, RHONDA  
Address: 789 S. FEDERAL HWY, ROYAL PALM FINANCIAL C  
City-St-Zip: STUART, FL 34994

Title: TD (X) Change ( ) Addition  
Name: MASSAR, TONI  
Address: P.O. BOX 74  
City-St-Zip: PORT SALERNO, FL 34992

Title: SD (X) Change ( ) Addition  
Name: HOWE, MICHELLE  
Address: 1909 SW HUNTERS CLUB WAY  
City-St-Zip: PALM CITY, FL 34990

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: S TONI MASSAR

TD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date