## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000004448

FILED Mar 15, 2011 Secretary of State

Entity Name: PREFERRED PROFESSIONALS OF MARTIN COUNTY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2496 SW DANBURY LANE 401 SE OSCEOLA STREET PALM CITY, FL 34990 SUITE 101 - LOWER LEVEL

STUART, FL 34994

**Current Mailing Address: New Mailing Address:** 

2496 SW DANBURY LANE PO BOX 454

PALM CITY, FL 34990 PALM CITY, FL 34991

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

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

LAVARGNA, CARRIE

LAVARGNA, CARRIE 401 E OSCÉOLA STREET, LOWER LEVEL 401 SE OSCEOLA STREET, LOWER LEVEL

STUART, FL 34994 SUITE 101 STUART, FL 34994 US

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: 03/15/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

LAVARGNA, CARRIE Name:

Address: 401 SE OSCEOLA STREET, SUITE 101

City-St-Zip: STUART, FL 34994

Title:

Name: HELLKAMP, JOHN Address: 2288 NE GINGER TER City-St-Zip: JENSEN BEACH, FL 34957

Title:

SHARON TONI, MASSAR Name:

Address: PO BOX 74

City-St-Zip: PORT SALERNO, FL 34992

Title: SD

Name: ASHLEY, PEGGY 19 RIO VISTA DRIVE Address: City-St-Zip: STUART, FL 34996

I hereby 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 all other like empowered.

SIGNATURE: CARRIE LAVARGNA Ρ 03/15/2011