

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90071 027 ****61.25

60041040



02162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2496294

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUSI, JEFFREY L
1000 36TH ST.
VERO BEACH, FL 32960

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUSI, JEFFREY L
STREET ADDRESS	1000 36TH ST.
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	CD
NAME	SHEEHAN, CHARLES V
STREET ADDRESS	884 INDIAN LANE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	VCD
NAME	WEIL, RICHARD MD
STREET ADDRESS	746 RIOMAR DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	VCD
NAME	O'NEILL, BEVERLY
STREET ADDRESS	9790 61ST PLACE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	VCD
NAME	WRIGHT, GEORGE M.D.
STREET ADDRESS	890 BOWLINE DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	T
NAME	SEGURA, THOMAS
STREET ADDRESS	5815 GLEN EAGLE LANE
CITY-ST-ZIP	VERO BEACH, FL 32967

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07

Date

(772) 567-4311

Daytime Phone #