


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000064852	
1. Entity Name SMF OF MARTIN COUNTY, INC.	

Principal Place of Business 603 NORTH INDIAN RIVER DRIVE SUITE 300 FORT PIERCE, FL 34950	Mailing Address 603 NORTH INDIAN RIVER DRIVE SUITE 300 FORT PIERCE, FL 34950
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01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1031115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAPOTE, BEATRIZ M
799 BRICKELL PLAZA
SUITE 700
MIAMI, FL 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MATAKAETIS, MICHAEL J 4551 E SPINNAKER POINT PLACE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LASKARIS, SPIRO 1724 SE WASHINGTON STREET STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOGAL, CHRISTOPHER E 102 NE CHARLESTON OAKS DRIVE PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000011385
01/23/04-80033-023 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:  **1/23/04 772-219-0749**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #