

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90010 012 ***150.00

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



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1031115

Applied For
Not Applicable

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME MATAKAETIS, MICHAEL J
STREET ADDRESS 4551 E SPINNAKER POINT PLACE
CITY-ST-ZIP STUART, FL 34996

TITLE VP
NAME LASKARIS, SPIRO
STREET ADDRESS 1724 SE WASHINGTON STREET
CITY-ST-ZIP STUART, FL 34997

TITLE T
NAME FOGAL, CHRISTOPHER E
STREET ADDRESS 102 NE CHARLESTON OAKS DRIVE
CITY-ST-ZIP 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

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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 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-06 772-219-0749