

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064852

FILED
Mar 16, 2009
Secretary of State

Entity Name: SMF OF MARTIN COUNTY, INC.

Current Principal Place of Business:

2550 SE WILLOUGHBY BLVD.
STUART, FL 34994

New Principal Place of Business:

2112 S US HIGHWAY 1
STE 201
FORT PIERCE, FL 34950 US

Current Mailing Address:

2550 SE WILLOUGHBY BLVD.
STUART, FL 34994

New Mailing Address:

2112 S US HIGHWAY 1
STE 201
FORT PIERCE, FL 34950 US

FEI Number: 65-1031115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FOGAL, CHRISTOPHER E
2112 S US HIGHWAY 1
STE 201
FORT PIERCE, FL 34950 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: CHRISTOPHER E FOGAL

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MATAKAETIS, MICHAEL J
Address: 4551 E SPINNAKER POINT PLACE
City-St-Zip: STUART, FL 34996

Title: VP () Delete
Name: LASKARIS, SPIRO
Address: 1724 SE WASHINGTON STREET
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: FOGAL, CHRISTOPHER E
Address: 102 NE CHARLESTON OAKS DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MATAKAETIS, MICHAEL J
Address: 4900 NE SPINNAKER POINT PLACE
City-St-Zip: STUART, FL 34996

Title: VP (X) Change () Addition
Name: LASKARIS, SPIRO
Address: 502 SE ASHLEY OAKS WAY
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MATAKAETIS

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date