

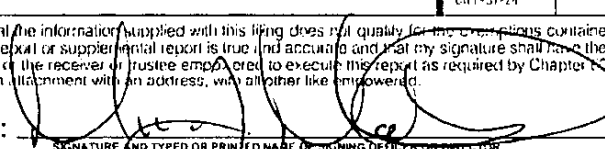
2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/1/2007-90046-045-\$50.00/\$50.00

FILED

2007 JUL -9 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000069327			
1. Entity Name SMF OF ST. LUCIE 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2112 South US Hwy. 1	
Suite, Apt. #, etc.		State, Apt. #, etc. 201	
City & State		City & State Fort Pierce, FL	
Zip	Country	Zip	Country
34950	USA	34950	USA
4. FEI Number 65-1127433		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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Typed Registered Agent Signature required when certifying DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MATAKAETIS, MICHAEL J 4551 NE SPINNAKER PLACE STUART, FL 34996 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition 4900 NE Spinnaker Pt. Place
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP LASKARIS, SPIRO 5070 SCHOONER OAKS WAY STUART, FL 34997 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 800106257988 07/17/07--01018--005 **100.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T FOGAL, CHRISTOPHER 102 NE CHARLESTON OAKS DRIVE PORT SAINT LUCIE, FL 34983 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 127, 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: 		4/25/07 (772) 403-1008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: Day/Month/Year	

1/9aw