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	Mailing Address
603 NORTH INDIAN RIVER DRIVE SUITE 300 FORT PIERCE, FL 34950	603 NORTH INDIAN RIVER DRIVE SUITE 300 FORT PIERCE, FL 34950

04112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 201
City & State	City & State Fort Pierce, FL
Zip / Country	Zip 34950 / Country 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	7. Name and Address of New Registered Agent
CAPOTE, BEATRIZ M 799 BRICKELL PLAZA SUITE 700 MIAMI, FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required on commercial filing)

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 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: _____ 4/25/07 (772) 403-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/9 aw