2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P01000069327

Entity Name: SMF OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

2112 SOUTH US HWY 1
201
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-1127433 **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:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MATAKAETIS, MICHAEL J
Address: 4900 NE SPINNAKER PT. PLACE
City-St-Zip: STUART, FL 34996

Title: VP ( ) Delete
Name: LASKARIS, SPIRO
Address: 5070 SCHOONER OAKS WAY
City-St-Zip: STUART, FL 34997

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 MR. 04/21/2008

Electronic Signature of Signing Officer or Director — Date