

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000081401**

1. Corporation Name

**MEDICAL CAMPUS AT ST. LUCIE WEST, INC.**

Principal Place of Business

**1095 ST. LUCIE WEST BLVD  
PORT ST LUCIE FL 34995**

Mailing Address

**P.O. BOX 9010  
STUART FL 34995**

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90111 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/24/1995**

4. FEI Number

**65-0605328**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

**CRARY, LAWRENCE E III  
555 COLORADO AVE.  
STUART FL 34994**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **HARMAN, RICHMOND M**  
STREET ADDRESS **301 HOSPITAL AVENUE**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ DELETE  
NAME **ROBITAILLE, MARK**  
STREET ADDRESS **301 HOSPITAL AVENUE**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ DELETE  
NAME **TAGLIARENI, JOHN**  
STREET ADDRESS **301 HOSPITAL AVENUE**  
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**PD**

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

**SD**

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

**TD**

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**R. P. NATURE PROXIMED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/99**

Date

Daytime Phone #

CR2E034 (11/98)