


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000081401 1. Entity Name MEDICAL CAMPUS MANAGEMENT, INC.	
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Principal Place of Business 1095 ST. LUCIE WEST BLVD PORT ST LUCIE, FL 34995	Mailing Address P.O. BOX 9010 STUART, FL 34995
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04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0605328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRARY, LAWRENCE E III 555 COLORADO AVE. STUART, FL 34994

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IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARMAN, RICHMOND M 301 HOSPITAL AVENUE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBITAILLE, MARK 301 HOSPITAL AVENUE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAGLIARENI, JOHN 301 HOSPITAL AVENUE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COCORULLO, L. MARK 201 HOSPITAL AVENUE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBBINS, HOWARD MD 201 HOSPITAL AVENUE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIPPER, KAREN 201 HOSPITAL AVENUE STUART, FL 34994

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05/17/06-80014-023 150.00

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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:  4/24/2006 772-287-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #