

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90049 023 ***150.00

DOCUMENT # P95000081401

1. Entity Name
MEDICAL CAMPUS MANAGEMENT, INC.



Principal Place of Business
**1095 ST. LUCIE WEST BLVD
PORT ST LUCIE, FL 34995**

Mailing Address
**P.O. BOX 9010
STUART, FL 34995**

40097497



04032007 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 ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARMAN, RICHMOND M
STREET ADDRESS 301 HOSPITAL AVENUE
CITY-ST-ZIP STUART, FL 34994

TITLE VD
NAME ROBITAILLE, MARK
STREET ADDRESS 301 HOSPITAL AVENUE
CITY-ST-ZIP STUART, FL 34994

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

TITLE TD
NAME COCORULLO, L. MARK
STREET ADDRESS 201 HOSPITAL AVENUE
CITY-ST-ZIP STUART, FL 34994

TITLE SD
NAME ROBBINS, HOWARD MD
STREET ADDRESS 201 HOSPITAL AVENUE
CITY-ST-ZIP STUART, FL 34994

TITLE D
NAME RIPPER, KAREN
STREET ADDRESS 201 HOSPITAL AVENUE
CITY-ST-ZIP STUART, FL 34994

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IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2007 772-287-5200

Date

Daytime Phone #

P95000081401

MEDICAL CAMPUS MANAGEMENT, INC.

ATTACHMENT

40097497

ADDITIONAL OFFICERS AND DIRECTORS

D

BARRY, AMY
301 HOSPITAL AVENUE
STUART, FL 34994

D

BRINK, ARTHUR
301 HOSPITAL AVE.
STUART, FL 34994

D

COTY, MIGUEL
301 HOSPITAL AVENUE
STUART, FL 34994