


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90019 018 ***150.00

| | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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 |
|------------------------------------------------------------------------------------|------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

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|-----------------------------------------------------------|--------------------------------|
| 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

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

| | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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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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:  4/12/08 772-287-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P95000081401
MEDICAL CAMPUS MANAGEMENT, INC.

ATTACHMENT

40102233

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