2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

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Entity Name: MEDICAL CAMPUS MANAGEMENT, INC.

Current Principal Place of Business:

1095 ST. LUCIE WEST BLVD
PORT ST LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9010
STUART, FL 34995 US

New Mailing Address:

FEI Number: 65-0605328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LORD, ROBERT L JR
301 HOSPITAL AVE.
STUART, FL 34994 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

OFFICERS AND DIRECTORS:

Title: P/D
Name: ROBITAILLE, MARK E
Address: 301 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994 US

Title: VPD
Name: GRIFFITH, DONNA
Address: 301 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994 US

Title: D
Name: BARRY, AMY
Address: 301 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994 US

Title: T/D
Name: COCORULLO, L. MARK
Address: 201 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994 US

Title: S/D
Name: ROBBINS, HOWARD MD
Address: 201 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994 US

Title: D
Name: COLLINS, ED
Address: 201 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994 US

I hereby 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 all other like empowered.

SIGNATURE: MARK E. ROBITAILLE P/D 04/04/2011

Electronic Signature of Signing Officer or Director Date