

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000081401

FILED
Apr 10, 2012
Secretary of State

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:

LORD, ROBERT L JR
200 HOSPITAL AVE
STUART, FL 34994 US

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:

04/10/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: ROBITAILLE, MARK E
Address: 200 HOSPITAL AVE
City-St-Zip: STUART, FL 34994 US

Title: VPD
Name: GRIFFITH, DONNA
Address: 200 HOSPITAL AVE
City-St-Zip: STUART, FL 34994 US

Title: D
Name: BARRY, AMY
Address: 200 HOSPITAL AVE
City-St-Zip: STUART, FL 34994 US

Title: T/D
Name: COCORULLO, L. MARK
Address: 200 HOSPITAL AVE
City-St-Zip: STUART, FL 34994 US

Title: S/D
Name: ROBBINS, HOWARD MD
Address: 200 HOSPITAL AVE
City-St-Zip: STUART, FL 34994 US

Title: D
Name: COLLINS, ED
Address: 200 HOSPITAL AVE
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

04/10/2012

Electronic Signature of Signing Officer or Director

Date

DOCUMENT NUMBER : P95000081401
BUSINESS ENTITY NAME MEDICAL CAMPUS MANAGEMENT, INC.
FEI NUMBER 650605328

TITLE	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
D	Arthur Brink	200 Hospital Ave.	Sturart	FL	34994
D	Miguel Coty	200 Hospital Ave.	Sturart	FL	34994