

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000087481 (4)**

1. Corporation Name

MEDICAL PARTNERS OF MARTIN COUNTY, P.A.



Principal Place of Business

Mailing Address

**816 EAST OCEAN BLVD.
STUART FL 34994**

**816 EAST OCEAN BLVD.
STUART FL 34994**

3. Date Incorporated or Qualified **11/14/1995** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0621837

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COEL, MARK A ESQ.
1946 TYLER STREET
HOLLYWOOD FL 33020**

81 Name **Jeffrey S. Gorodetsky M.D.**
82 Street Address (P.O. Box Number is Not Acceptable)
633 E. 5TH ST.
83
84 City **STUART** FL 85 Zip Code **34999**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jeffrey S. Gorodetsky M.D.
Signature of officer, director, or registered agent and title if applicable

Jeffrey S. Gorodetsky M.D. President
(NOTE: Registered Agent's signature required when registering)

4/19/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY - ST - ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY - ST - ZIP	Change	Addition
President	Jeffrey S. Gorodetsky M.D.	633 E. 5TH ST	STUART, FL 34994													<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President	Ann Hutchinson	410 DALSON AVE	STUART, FL 34994													<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President	FERIC HALL	401 E. OCEAN BLVD	STUART, FL 34994													<input type="checkbox"/>	<input checked="" type="checkbox"/>
TRUSTEE	CHAR HANLEY	27 E. OCEAN BLVD	STUART, FL 34994													<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	DAVID BRIGHT	816 E. OCEAN BLVD	STUART, FL 34994													<input type="checkbox"/>	<input checked="" type="checkbox"/>
																<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeffrey S. Gorodetsky M.D.
SIGNATURE OF THE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey S. Gorodetsky M.D. President
DATE

4/19/96
DATE

407-781-4201
Daytime Phone #

CR2E034 (12/95)