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FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000087481 (4)

1. Corporation Name

MEDICAL PARTNERS OF MARTIN COUNTY, P.A.

Principal Place of Business

816 EAST OCEAN BLVD.  
STUART FL 34994

Mailing Address

27 EAST OCEAN BLVD  
STUART FL 34994  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1995

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GORODETSKY, JEFFREY S MD  
633 E. 5TH ST.  
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GORODETSKY, JEFFREY S MD  
STREET ADDRESS 633 E. 5TH ST.  
CITY-ST-ZIP STUART FL ☐ DELETE

TITLE VP  
NAME HUTCHINSON, ANN  
STREET ADDRESS 410 BALBOA AVENUE  
CITY-ST-ZIP STUART FL ☐ DELETE

TITLE VP  
NAME HALL, ERIC  
STREET ADDRESS 401 E. OCEAN BLVD  
CITY-ST-ZIP STUART FL ☐ DELETE

TITLE T  
NAME HARVEY, CHAD  
STREET ADDRESS 27 E. OCEAN BLVD  
CITY-ST-ZIP STUART FL ☒ DELETE

TITLE S  
NAME BRIGHT, DAVID  
STREET ADDRESS 816 E. OCEAN BLVD  
CITY-ST-ZIP STUART FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 34994 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 34994 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 34994 ☐ Change ☒ Addition

4.1 TITLE Treasurer  
4.2 NAME Harvey, Chad  
4.3 STREET ADDRESS 900 E Ocean Blvd #E144  
4.4 CITY-ST-ZIP Stuart, FL 34994 ☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP 34994 ☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Calamara

3/9/98

(561) 221-3140

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