2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000087481

1. Entity Name
MEDICAL PARTNERS OF MARTIN COUNTY, P.A.

Principal Place of Business
816 EAST OCEAN BLVD.
STUART, FL 34994

Mailing Address
900 E. OCEAN BLVD
E-144
STUART, FL 34994 US

04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0621837

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GORODETSKY, JEFFREY S MD
433 E OCEAN BLVD
STUART, FL 34994

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GORODETSKY, JEFFREY S MD
STREET ADDRESS	433 E. OCEAN BLVD
CITY-ST-ZIP	STUART, FL 34994
TITLE	VP
NAME	HALL, ERIC
STREET ADDRESS	640 EAST OCEAN BLVD
CITY-ST-ZIP	STUART, FL 34994
TITLE	T
NAME	HARVEY, CHAD
STREET ADDRESS	900 E. OCEAN BLVD, E-144
CITY-ST-ZIP	STUART, FL 34994
TITLE	S
NAME	BRIGHT, DAVID
STREET ADDRESS	816 E. OCEAN BLVD
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/05-80111-015 150.00

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12. 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 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: [signature] JEFFREY S. GORODETSKY PRESIDENT 04-20-05 772-288-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #