


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
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04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0621837	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GORODETSKY, JEFFREY S MD 433 E OCEAN BLVD STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORODETSKY, JEFFREY S MD 433 E. OCEAN BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, ERIC 640 EAST OCEAN BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARVEY, CHAD 900 E. OCEAN BLVD, E-144 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIGHT, DAVID 816 E. OCEAN BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000340824
04/28/05-BU111-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Jeffrey S. Gorodetsky PRESIDENT 04-20-05 772-288-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #