


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
May 01, 2006 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



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0621837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

100000549843  
05/13/06-80038-008 150.00

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 818 E. OCEAN BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 04-28-06 772-288-0303  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #