2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

Apr 21, 2003 8:00 am Secretary of State P95000087481 DOCUMENT # 04-21-2003 90473 031 ***150.00 MEDICAL PARTNERS OF MARTIN COUNTY, P.A. Principal Place of Business Mailing Address 900 E. OCEAN BLVD 816 EAST OCEAN BLVD. STUART FL 34994 E-144 STUART FL 34994 IIS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 65-0621837 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7., Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent ... GORODETSKY, JEFFREY S MD Street Address (P.O. Box Number is Not Acceptable) 633 E. 5TH ST. STUART FL 34994 City Zip Code 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 S. GORODETSKI E FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Delete TITLE GORODETSKY, JEFFREY S MD NAME NAME 433 E. OCEAN BLVD STREET ADDRESS STREET ADDRESS STUART FL 34994 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE VΡ ☐ Delete TITLE ☐ Change HALL. ERIC NAME NAME 640 EAST OCEAN BLVD STREET ADDRESS STREET ADDRESS STUART FL 34994 CITY-ST-ZIP CITY-ST-ZIP معين سوادياره با ☐ Delete TiTt F* · Change · 🗀 Addition TITLE HARVEY, CHAD NAME NAME STREET ADDRESS 900 E. OCEAN BLVD, E-144 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 TITLE ☐ Change ☐ Addition ☐ Delete TITLE BRIGHT, DAVID NAME NAME 816 E. OCEAN BLVD STREET ADDRESS STREET ADDRESS STUART FL 34994 CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED