

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000003105	
1. Entity Name M.E.M. OF MARTIN COUNTY FLORIDA, INC.	

Principal Place of Business 177 4TH AVE N, 2ND FLOOR JACKSONVILLE BEACH, FL 32250	Mailing Address 177 4TH AVE N, 2ND FLOOR JACKSONVILLE BEACH, FL 32250
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01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0734862	Applied For ☐ Not Applicable
6. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMITZER, EDWARD P
SMOAK DAVIS & NIXON LLP
1514 NIRA ST.
JACKSONVILLE, FL 32204

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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 registering) DATE

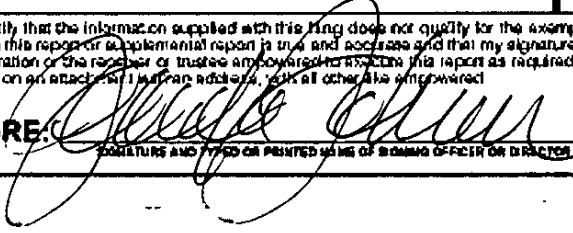
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	000000588593 01/17/07-80077-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JENNIFER 177 4TH AVE N, 2ND FLOOR JACKSONVILLE BEACH, FL 32250
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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 member 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 I submit in addition, with all other like empowered

SIGNATURE  **1-10-07** **904**
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Date and Phone #