

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90004 025 ***150.00

DOCUMENT # P97000005212 1. Entity Name PORT ST. LUCIE VENTURES, INC.	
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Principal Place of Business 1780 SE HILMOOR DR PORT SAINT LUCIE, FL 34986	Mailing Address MID-FLORIDA RAD ONE 4400 COUNTRY CLUB DRIVE DICKINSON, TX 77539 US
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DO NOT WRITE IN THIS SPACE



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0727940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WOODY, RONALD W M.D. 7210 RESERVE CREEK DR PORT SAINT LUCIE, FL 34986
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WOODY, RONALD H. M.D. 7210 RESERVE CREEK DR PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF HILL, JOHN 4400 COUNTRY CLUB DRIVE DICKINSON, TX 77539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTER, DAVID J MD 4811 S.W. THISTLE TERR PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRIMSLEY, ALAN S MD 408 SW MAGNOLIA COVE PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 lists empowered.

SIGNATURE: *Ronald H. Woody M.D.* 8/11/08 281-337-3423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #