

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005212

FILED
Jan 06, 2009
Secretary of State

Entity Name: PORT ST. LUCIE VENTURES, INC.

Current Principal Place of Business:

1780 SE HILMOOR DR
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

MID-FLORIDA RAD ONE
4400 COUNTRY CLUB DRIVE
DICKINSON, TX 77539 US

New Mailing Address:

FEI Number: 65-0727940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODY, RONALD W M.D.
7210 RESERVE CREEK DR
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WOODY, RONALD H. M.D.
Address: 7210 RESERVE CREEK DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPF () Delete
Name: HILL, JOHN
Address: 4400 COUNTRY CLUB DRIVE
City-St-Zip: DICKINSON, TX 77539

Title: D (X) Delete
Name: HARTER, DAVID J MD
Address: 4811 S.W. THISTLE TERR
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: KRIMSLEY, ALAN S MD
Address: 408 SW MAGNOLIA COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD H. WOODY, MD

PSTD

01/06/2009

Electronic Signature of Signing Officer or Director

Date