

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 08:00 AM
Secretary of State

DOCUMENT # 765650

1. Entity Name
 TREASURE COAST HEALTH COUNCIL, INC.

Principal Place of Business 4152 W. BLUE HERON B 229 RIVIERA BEACH 33404 US	FL	Mailing Address 4152 W. BLUE HERON B 229 RIVIERA BEACH 33404 US	FL
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2. Principal Place of Business 4152 W. BLUE HERON BLVD	3. Mailing Address 4152 W. BLUE HERON BLVD
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Suite, Apt. #, etc. 229	Suite, Apt. #, etc. 229
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City & State RIVIERA BEACH FL	City & State RIVIERA BEACH FL
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Zip 33404	Country US	Zip 33404	Country US
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4. FEI Number 59-2242689	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEBB, TRUDI
1531 W. PALMETTO PARK ROAD

BOCA RATON FL
334863395 US

7. Name and Address of New Registered Agent

Name
WEBB TRUDI SEC/TRE
Street Address (P.O. Box Number is Not Acceptable)
1531 W. PALMETTO PARK ROAD

City
BOCA RATON FL Zip Code
334863395

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.

SIGNATURE **TRUDI WEBB** DATE **02/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE D <input type="checkbox"/> Delete	NAME JOHNSON JOAN L	STREET ADDRESS 535 39TH COURT, S.W.	CITY-ST-ZIP VERO BEACH FL 32968
TITLE STD <input type="checkbox"/> Delete	NAME WEBB TRUDI	STREET ADDRESS HOSPICE BY THE SEA, 1531 W. PALMETTO PARK	CITY-ST-ZIP BOCA RATON FL 33486
TITLE VD <input type="checkbox"/> Delete	NAME SANTORO EUGENE MR	STREET ADDRESS COL MED CTR, 1800 S.E. TIFFANY AVENUE	CITY-ST-ZIP PORT ST. LUCIE FL 34952
TITLE PD <input type="checkbox"/> Delete	NAME FISCHMAN EDWARD HDR.	STREET ADDRESS 9123 N. MILITARY TRAIL	CITY-ST-ZIP PALM BEACH GARDENS FL 33410
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME JOHNSON JOAN LMS	STREET ADDRESS 535 39TH COURT, S.W.	CITY-ST-ZIP VERO BEACH FL 32968
TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME WEBB TRUDI DR	STREET ADDRESS HOSPICE, 1531 W. PALMETTO PARK	CITY-ST-ZIP BOCA RATON FL 33486
TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME COFFEY CHRISTOPHER MR	STREET ADDRESS MARTIN MEMORIAL, 300 HOSPITAL AVENUE	CITY-ST-ZIP STUART FL 34994
TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME FISCHMAN EDWARD HDR.	STREET ADDRESS 3900 EAST INDIANTOWN ROAD #603	CITY-ST-ZIP JUPITER FL 33458
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: **EDWARD H. FISCHMAN** PD 02/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)