

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765650

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** TREASURE COAST HEALTH COUNCIL, INC.

**Current Principal Place of Business:**

600 SANDTREE DRIVE  
101  
PALM BEACH GARDENS, FL 33403 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 SANDTREE DRIVE  
101  
PALM BEACH GARDENS, FL 33403 US

**New Mailing Address:**

**FEI Number:** 59-2242689      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAYS, ROBERT TRE  
157 APOLLO CIRCLE  
JUPITER, FL 33477 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FISCHMAN, EDWARD H DR.  
Address: 3900 EAST INDIANTOWN ROAD #603  
City-St-Zip: JUPITER, FL 33458

Title: VD ( ) Delete  
Name: SCHATTNER, NORMA MRS  
Address: 19874 LOXAHATCHEE POINTE DRIVE  
City-St-Zip: JUPITER, FL 33458

Title: TD ( ) Delete  
Name: HAYS, ROBERT DR  
Address: 157 APOLLO CIRCLE  
City-St-Zip: JUPITER, FL 33477

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD H. FISCHMAN, MD

PD

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date