

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765650

FILED  
Jan 18, 2012  
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  
600 SANDTREE DRIVE  
101  
PALM BEACH GARDENS, FL 33477 US

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

FISCHMAN, EDWARD H DR.  
600 SANDTREE DRIVE  
101  
PALM BEACH GARDENS, FL 33477 US

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: EDWARD FISCHMAN      01/18/2012  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FISCHMAN, EDWARD H DR.  
Address: 600 SANDTREE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33403 US

Title: VD  
Name: RITCHIE-PONCY, MARNIE ESQ.  
Address: 600 SANDTREE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33403 US

Title: TD  
Name: COLLINS, TIFFANY  
Address: 600 SANDTREE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33403 US

Title: DIR  
Name: DOUGLAS, SIGMON MD  
Address: 600 SANDTREE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33403 US

I hereby 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 all other like empowered.

SIGNATURE: DR. EDWARD FISCHMAN      PD      01/18/2012  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date