

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007405

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** INDEPENDENT PHYSICIANS OF THE TREASURE COAST, INC.

**Current Principal Place of Business:**

2300 SE MONTEREY ROAD  
SUITE 100  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

2300 SE MONTEREY ROAD  
SUITE 100  
STUART, FL 34996

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

LEVENSTEIN, RICHARD H  
2300 SE MONTEREY ROAD  
SUITE 100  
STUART, FL 34996 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:                      PRES  
Name:                     LEVENSTEIN, RICHARD H  
Address:                 2300 SE MONTEREY ROAD SUITE 100  
City-St-Zip:             STUART, FL 34957

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: RICHARD H LEVENSTEIN

PRES

01/05/2012

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

\_\_\_\_\_  
Date