

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 13 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000056432  
1. Entity Name  
Treasure Coast Medical, Inc.



**DO NOT WRITE IN THIS SPACE**

300029826433  
10/15/03--01069--001 \*\*300.00

**REINSTATEMENT**  
DO NOT WRITE IN THIS SPACE

12-03

2. Principal Place of Business  
227 Bravado Lane  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Palm Bch Shores, FL  
Zip  
33404

City & State  
Zip  
Country

4. FEI Number  
US-1026497  
Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Mark Henry  
Street Address (P.O. Box Number is Not Acceptable)  
227 Bravado Lane  
Palm Beach Shores FL Zip Code 33404

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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: *Mark Henry*  
Signature typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mark Henry 227 Bravado Lane Palm Bch Shores, FL 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Henry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

21 10/13

Treasure Coast Medical, Inc.  
227 Bravado Lane  
Palm Beach Shores, FL 33404

September 11, 2003

Florida Dept of State  
Division of Corp.  
Corp Filings  
PO Box 6327  
Tallahassee, FL 32314


RE: P00000056432

Dear Sir or Madam:

I am writing in regards to my corporation. My business was incorporated in 2000 and I paid a fee for this incorporation. I did not realize that this was a fee that had to be paid every year. I never received any notices of reminder or warning. When I checked the internet, I happened to find that my corporation had been dissolved without any notification. I was not aware that notices were not sent for this. Enclosed you will find my check for \$300 to cover this expense and be reinstated.

Thank you for your attention to this matter. Please feel free to contact me if you require any further information.

Sincerely,

  
Mark Neary  
President

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Enclosure