2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 600736

1. Entity Name
TREASURE COAST ORTHOPAEDIC ASSOCIATES, P.A.

FILED
Feb 25, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1700 SE HILLMOOR DR #500 PORT ST. LUCIE, FL 34952-7598	1700 SE HILLMOOR DR #500 PORT ST. LUCIE, FL 34952-7598

01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1224443
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STOLZER, WILLIAM A.
1700 SE HILLMOOR DR #500
PORT ST. LUCIE, FL 34952

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	MONDO, PAUL
STREET ADDRESS	1700 SE HILLMOOR DR #500
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	PD
NAME	STOLZER, WILLIAM A
STREET ADDRESS	1700 SE HILLMOOR DR #500
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000837902
03/05/08-80009-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/20/08 772-335-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #