FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # 765650

1. Corporation Name
TREASURE COAST HEALTH COUNCIL, INC.

Principal Place of Business
5651 Corporate Way
Suite 4
West Palm Beach, FL 33407-2001

Mailing Address
5651 Corporate Way
Suite 4
West Palm Beach, FL
33407-2001

3. Date Incorporated or Qualified: 11/03/1982	3a. Date of Last Report: 02/01/96
4. FEI Number: 59-2242689	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 5651 Corporate Way, Ste 4	26 5651 Corporate Way, Ste 4
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip 24 33407-2001 Country 25 USA	Zip 29 33407-2001 Country 30 USA

9. Name and Address of Current Registered Agent

HOOVEN, HERBERT J.
1400-D Vision Drive
Palm Beach Gardens, FL 33418

10. Name and Address of New Registered Agent

81 Name: Trudi Webb
82 Street Address (P.O. Box Number is Not Acceptable): 1531 W. Palmetto Park Road
83
84 City: Boca Raton FL 85 Zip Code: 33486-3395

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	T ☒ Change ☐ Addition
NAME	PONCY, MARNIE R	1.2 NAME	WEBB, TRUDI
STREET ADDRESS	317 TENTH STREET	1.3 STREET ADDRESS	1531 W. Palmetto Park Rd.
CITY-ST-ZIP	WEST PALM BEACH, FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33486-3395
TITLE	D ☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	CHESHIRE, McKINLEY	2.2 NAME	BENNETT, CECIL W.
STREET ADDRESS	914 N. Olive Ave.	2.3 STREET ADDRESS	324 Datura St., Suite 401
CITY-ST-ZIP	West Palm Beach, FL 33401	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D ☒ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	CHESTER, SALLY	3.2 NAME	DECICCO, LILLIAN
STREET ADDRESS	129 Santa Lucia Dr.	3.3 STREET ADDRESS	1131 W. 25th St.
CITY-ST-ZIP	West Palm Beach, FL 33405	3.4 CITY-ST-ZIP	Riviera Beach, FL 33408
TITLE	☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	COFFEY, CHRISTOPHER
STREET ADDRESS		4.3 STREET ADDRESS	1943 N.W. 21st Terrace
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Stuart, FL 33494
TITLE	☐ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	FISCHMAN, EDWARD H.
STREET ADDRESS		5.3 STREET ADDRESS	9123 N. Military Trail
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	☐ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	KOZIEL, GERARD
STREET ADDRESS		6.3 STREET ADDRESS	1000 36th Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Vero Beach, FL 32960

RW 5/8/97

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Faye A. Haverlock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FAYE A. HAVERLOCK

April 24, 1997 (561)681-6256
Date Daytime Phone #