

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 01, 2001 08:00 AM****Secretary of State****DOCUMENT # 765650**

1. Entity Name

TREASURE COAST HEALTH COUNCIL, INC.

Principal Place of Business

4152 W. BLUE HERON B  
229  
RIVIERA BEACH  
33404  
US

Mailing Address

4152 W. BLUE HERON B  
229  
RIVIERA BEACH  
33404  
US

2. Principal Place of Business

4152 W. BLUE HERON BLVD

3. Mailing Address

4152 W. BLUE HERON BLVD

Suite, Apt. #, etc.

229

Suite, Apt. #, etc.

229

City &amp; State

RIVIERA BEACH FL

City &amp; State

RIVIERA BEACH FL

Zip

33404

Country

US

Zip

33404

Country

US

4. FEI Number

**59-2242689**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**WEBB, TRUDI  
1531 W. PALMETTO PARK ROADBOCA RATON FL  
334863395 US**7. Name and Address of New Registered Agent**

Name

WEBB TRUDI SEC/TRE

Street Address (P.O. Box Number is Not Acceptable)  
1531 W. PALMETTO PARK ROADCity  
BOCA RATON

FL

Zip Code  
334863395

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.

SIGNATURE **TRUDI WEBB****02/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON JOAN L	
STREET ADDRESS	535 39TH COURT, S.W.	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WEBB TRUDI	
STREET ADDRESS	HOSPICE BY THE SEA, 1531 W. PALMETTO PARK	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANTORO EUGENE MR	
STREET ADDRESS	COL MED CTR, 1800 S.E. TIFFANY AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FISCHMAN EDWARD HDR.	
STREET ADDRESS	9123 N. MILITARY TRAIL	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON JOAN LMS	
STREET ADDRESS	535 39TH COURT, S.W.	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB TRUDI DR	
STREET ADDRESS	HOSPICE, 1531 W. PALMETTO PARK	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFEY CHRISTOPHER MR	
STREET ADDRESS	MARTIN MEMORIAL, 300 HOSPITAL AVENUE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHMAN EDWARD HDR.	
STREET ADDRESS	3900 EAST INDIANTOWN ROAD #603	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: EDWARD H. FISCHMAN**

PD

02/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee

CR2E037 (11/00)