

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765650

FILED  
Feb 22, 2007  
Secretary of State

Entity Name: TREASURE COAST HEALTH COUNCIL, INC.

## Current Principal Place of Business:

4152 W. BLUE HERON BLVD  
229  
RIVIERA BEACH, FL 33404 US

## New Principal Place of Business:

## Current Mailing Address:

4152 W. BLUE HERON BLVD  
229  
RIVIERA BEACH, FL 33404 US

## New Mailing Address:

FEI Number: 59-2242689      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEBB, TRUDI TRE  
1531 W. PALMETTO PARK ROAD  
BOCA RATON, FL 334863395 US

## Name and Address of New Registered Agent:

HAYS, ROBERT TRE  
157 APOLLO CIRCLE  
JUPITER, FL 33477 US

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: ROBERT HAYS

02/22/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FISCHMAN, EDWARD H DR.  
Address: 3900 EAST INDIANTOWN ROAD #603  
City-St-Zip: JUPITER, FL 33458

Title: VD ( ) Delete  
Name: SCHATTNER, NORMA MRS  
Address: 19874 LOXAHATCHEE POINTE DRIVE  
City-St-Zip: JUPITER, FL 33458

Title: TD ( ) Delete  
Name: WEBB, TRUDI DR  
Address: HOSPICE, 1531 W. PALMETTO PARK  
City-St-Zip: BOCA RATON, FL 33486

Title: SD (X) Delete  
Name: HAYS, ROBERT D DR  
Address: 157 APOLLO CIRCLE  
City-St-Zip: JUPITER, FL 33477

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: HAYS, ROBERT DR  
Address: 157 APOLLO CIRCLE  
City-St-Zip: JUPITER, FL 33477

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD H. FISCHMAN

P

02/22/2007

Electronic Signature of Signing Officer or Director

Date