2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# 765650

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:

600 SANDTREE DRIVE
101
PALM BEACH GARDENS, FL 33403 US

Current Mailing Address:

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

New Mailing Address:

600 SANDTREE DRIVE
101
PALM BEACH GARDENS, FL 33403 US

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
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: HAYS, ROBERT 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT HAYS TRE 01/30/2008
Electronic Signature of Signing Officer or Director Date