

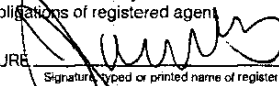
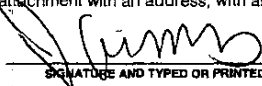


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90119 047 ***550.00

DOCUMENT # H93152 1. Entity Name TREASURE COAST EMERGENCY ASSOCIATES, INC.					
Principal Place of Business COLUMBIA HOSPITAL 1800 S.E. TIFFANY AVE. PT. ST. LUCIE, FL 34952 US			Mailing Address 125 S SHORE RD STUART, FL 34994 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1863 NW 22nd St Suite, Apt. #, etc.			
City & State Stuart FLA		City & State Stuart FLA		4. FEI Number 59-2640075	
Zip 34994		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARIELLO, JOE 125 S SHORE RD STUART, FL 34994			7. Name and Address of New Registered Agent Name Carriello Joe Street Address (P.O. Box Number is Not Acceptable) 1863 NW 22nd St City Stuart FL Zip Code 34994		
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  Joe Carriello DATE 7/2/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASTALSKI, JOHN N 8559 SE SABAL ST HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	no longer an officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARIELLO, JOSEPH 125 S SHORE RD STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARIELLO, JOSEPH 1863 NW 22nd St Stuart FLA 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALESTRANT, KENNETH 509 SE PORTAGE AVE PORT SAINT LUCIE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	no longer an officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POLSKY, MARK 8169 SW PILOTS COVE TERR HOBE SOUND, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	no longer an officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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:  Joe Carriello <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7/2/04		Daytime Phone # 772 692 5506