2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H93152 DOCUMENT

1. Entity Name

SIGNATURE:

TREASURE COAST EMERGENCY ASSOCIATES, INC.



FILED

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 F	Place of Business	3. Mailing Address							01011 01011 1001
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te	City & State			4. FEIN	Number 59-264 (0075		pplied For
Zip	Country	Zip	Count	try	5. Certi	ficate of Status Des	ired	\$8.75 Ac	lot Applicable
	6. Name and Address of Currer	nt Registered Agent		- ·	7. Nam	e and Address of N	New Registered	Fee Requir	ea
		۰ تا و <u>سین کو نگی مص</u> ر ای ۱۰ از	ental de tient	Name				· · · · · · · · · · · · · · · · · · ·	
CARIELLO			}	Street Addre	ss (P.O. Box N	lumber is Not Acce	otable)		******
125 S SH									
STUART F	-L 34994								
			Ī	City		 	FL	Zip Co	de
8. The above	named entity submits this statement	for the purpose of changin	na its registere	ed office or regi	torod apont	ar both in the State		~ (
the obligat	tions of registered agent.	to the purpose of changin	ig its registere	a onice or rega	stereu agent, i	or boin, in the state	oi Fiorida. Tam	ramiliar with	, and accept
DIZENTATI IDIC		nt and title if applicable	(NOTE: Registered	1 Agent signature regu	uired when reinstati	ng)	DATE	r/	-
SIGNATURE .	Signature, typed or printed name of registered age	and mappingues.		Barri arânerere i ad					
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