2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBB)

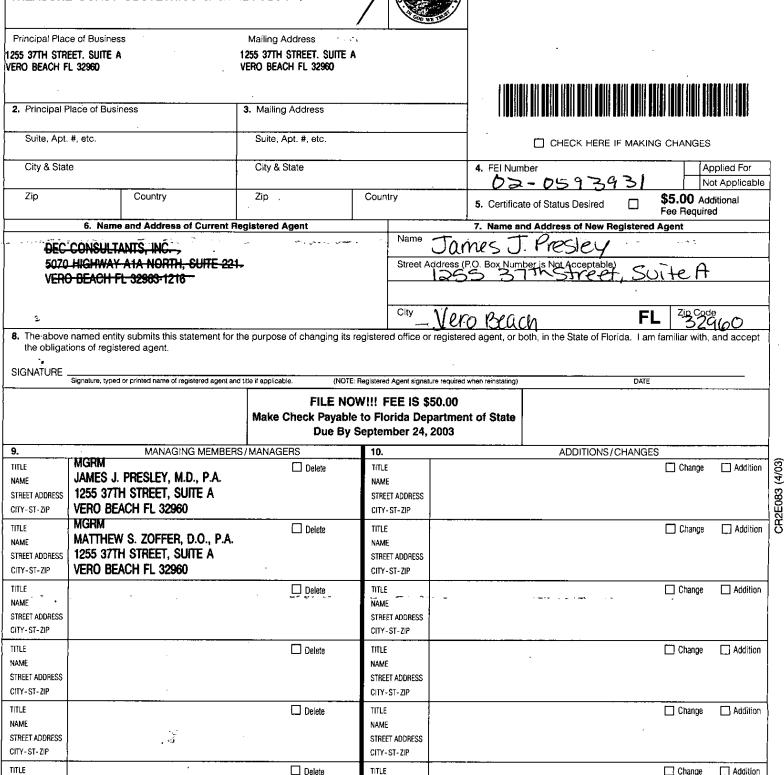
DOCUMENT #L02000008143

1. Entity Name

NAME STREET ADDRESS

CITY-ST-ZIP

TREASURE COAST OBSTETRICS & GYNECOLOGY, P.L.



STREET ADDRESS

. TY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or flustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGED, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

FILED

Sep 02, 2003 8:00 am Secretary of State

09-02-2003 90122 022 ****50.00