


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L89389 1. Entity Name FAMILY MEDICAL PRACTICE OF THE TREASURE COAST, P.A.	
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Principal Place of Business 1905 S. 25 STREET STE 100 FT. PIERCE, FL 34947 US	Mailing Address 1905 S. 25 STREET STE 100 FT. PIERCE, FL 34947 US
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07242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0199126	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ROBERTS, JAMES A
1905 S. 25 STREET
STE 100
FT. PIERCE, FL 34947**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, JAMES A 7973 SADDLEBROOK DR PORT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000575965
09/05/06-80003-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #