2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L89389

Entity Name: FAMILY MEDICAL PRACTICE OF THE TREASURE COAST, P.A.

Current Principal Place of Business:

1905 S. 25 STREET
STE 100
FT. PIERCE, FL 34947 US

New Principal Place of Business:

2100 NEBRASKA AVENUE
STE 205
FT. PIERCE, FL 34950 US

Current Mailing Address:

1905 S. 25 STREET
STE 100
FT. PIERCE, FL 34947 US

New Mailing Address:

P.O. BOX 12250
FT. PIERCE, FL 34979-225 US

FEI Number: 65-0199126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ROBERTS, JAMES A
Address: 7973 SADDLEBROOK DR
City-St-Zip: PORT ST LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A ROBERTS DR 04/25/2008
Electronic Signature of Signing Officer or Director Date