


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000004564 1. Entity Name TREASURE COAST RESEARCH FOUNDATION, INC.	
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Principal Place of Business 330 17TH STREET VERO BEACH, FL 32960 US	Mailing Address 330 17TH STREET VERO BEACH, FL 32960 US
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0024589	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

KANCILIA, JOHN R
1800 WEST HIBISCUS BOULEVARD
SUITE 138
MELBOURNE, FL 32901

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JANET M.D. 2300 5TH AVENUE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CELANO, CHARLES N M.D. 3607 15TH AVENUE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEE, HOWARD M.D. 403 SABLE OAK DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAREEF, BABAR M.D. 2215 NEBRASKA AVENUE, SUITE 2-E FORT PIERCE, FL 32950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000346506
04/30/05-80077-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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

4/28/05 772 542
4141