

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90481 038 ****61.25

DOCUMENT # N03000004564

1. Entity Name
TREASURE COAST RESEARCH FOUNDATION, INC.



Principal Place of Business
330 17TH STREET
VERO BEACH, FL 32960 US

Mailing Address
330 17TH STREET
VERO BEACH, FL 32960 US

50017813



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-0024589

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ANDERSON, JANET M.D.
STREET ADDRESS 2300 5TH AVENUE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE D ☐ Delete
NAME CELANO, CHARLES N M.D.
STREET ADDRESS 3607 15TH AVENUE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE D ☐ Delete
NAME TEE, HOWARD M.D.
STREET ADDRESS 403 SABLE OAK DRIVE
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE D ☐ Delete
NAME SHAREEF, BABAR M.D.
STREET ADDRESS 2215 NEBRASKA AVENUE, SUITE 2-E
CITY-ST-ZIP FORT PIERCE, FL 32950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Anderson, Janet MD
STREET ADDRESS 372 17th Street
CITY-ST-ZIP Vero Beach FL 32960

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Tee, Howard MD
STREET ADDRESS 960 37th Place
CITY-ST-ZIP Ste 105 Vero Beach FL 32960

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 #

4/18/06

772 562
6141