2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004631

FILED Apr 21, 2009 Secretary of State

Entity Name: TREASURE COAST COMMUNITY HEALTH, INC.

12	of Business:	New Principal Place	of Rusiness:	
	Current Principal Place of Business:		New Principal Place of Business:	
E, FL 32948	US			
iling Address	:	New Mailing Addres	s:	
12				
Ë, FL 32948	US			
59-3219191	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
RAIG M ESQ.				
N RIVER BLVC				
CH, FL 32960	US			
named entity su	ubmits this statement for the pur	pose of changing its registere	ed office or registered agent, or both.	
of Florida.	partition and classification are partition	process changing to regions	a omeo or regions on agent, or bean,	
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Electronic	Signature of Registered Agent	İ	Date	
AND DIRECT	ORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
- /\-) alata			
1 (11		Title [.]	() Change () Addition	
T () [DELP, BRYAN	Jelete	Title: Name:	() Change () Addition	
` '	Delete		() Change () Addition	
DELP, BRYAN		Name:	() Change () Addition	
DELP, BRYAN 7145 8TH AVE VERO BEACH, FI	L 32967	Name: Address: City-St-Zip:		
DELP, BRYAN 7145 8TH AVE VERO BEACH, FI	L 32967 Delete	Name: Address: City-St-Zip: Title:	() Change () Addition () Change () Addition	
DELP, BRYAN 7145 8TH AVE VERO BEACH, FI S () E WATT, SHERLEE	L 32967 Delete E	Name: Address: City-St-Zip: Title: Name:		
DELP, BRYAN 7145 8TH AVE VERO BEACH, FI S () E WATT, SHERLEE 162 CYPRESS S	L 32967 Delete E T	Name: Address: City-St-Zip: Title: Name: Address:		
DELP, BRYAN 7145 8TH AVE VERO BEACH, FI S () E WATT, SHERLEE	L 32967 Delete E T	Name: Address: City-St-Zip: Title: Name:		
DELP, BRYAN 7145 8TH AVE VERO BEACH, FI S () E WATT, SHERLEE 162 CYPRESS S FELLSMERE, FL	L 32967 Delete E T	Name: Address: City-St-Zip: Title: Name: Address:		
DELP, BRYAN 7145 8TH AVE VERO BEACH, FI S () E WATT, SHERLEE 162 CYPRESS S FELLSMERE, FL	L 32967 Delete E T 32948 Delete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change() Addition	
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. E	12 E, FL 32948 59-3219191 Address of Cu RAIG M ESQ. N RIVER BLVD CH, FL 32960 named entity su of Florida. Electronic AND DIRECTO	E, FL 32948 US 69-3219191 FEI Number Applied For () Address of Current Registered Agent: RAIG M ESQ. N RIVER BLVD STE A-210 CH, FL 32960 US named entity submits this statement for the pur of Florida.	12 E, FL 32948 US 69-3219191 FEI Number Applied For () FEI Number Not Applicable () Address of Current Registered Agent: Name and Address of RAIG M ESQ. N RIVER BLVD STE A-210 CH, FL 32960 US named entity submits this statement for the purpose of changing its registere of Florida. Electronic Signature of Registered Agent	

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

SIGNATURE: DONALD G. LOFTUS CEO 04/21/2009