

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003862 (8)

1. Corporation Name

TREASURE COAST HEALTH CARE, INC.



Principal Place of Business

Mailing Address

2300 FIFTH AVENUE
VERO BEACH FL 329602300 FIFTH AVENUE
VERO BEACH FL 32960-51693. Date Incorporated or Qualified
08/11/19953a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0606455

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSSWAY, BRADLEY W
756 BEACHLAND BOULEVARD
VERO BEACH FL 32963

81 Name

MICHAEL G. KISSNER

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

2300 FIFTH AVENUE

83

84 City

VERO BEACH

FL

85 Zip Code

32960

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD	<input type="checkbox"/> DELETE
NAME	KISSNER, MICHAEL G	
STREET ADDRESS	2300 FIFTH AVENUE	
CITY - ST - ZIP	VERO BEACH FL 32960	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AGNEW, ALEX	
1.3 STREET ADDRESS	2300 FIFTH AVENUE	
1.4 CITY - ST - ZIP	VERO BEACH FL 32960	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HILL, JOSEPH A	
STREET ADDRESS	2300 FIFTH AVENUE	
CITY - ST - ZIP	VERO BEACH FL 32960	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VANESSA WOOD	
2.3 STREET ADDRESS	30 BURTON HILLS RD, STE. 400	
2.4 CITY - ST - ZIP	NASHVILLE, TN 37215	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	COREN, M.D. SETH D	
STREET ADDRESS	2300 5TH AVE	
CITY - ST - ZIP	VERO BEACH FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZIMMER, M.D M	
STREET ADDRESS	2300 5TH AVE	
CITY - ST - ZIP	VERO BEACH FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020411

CR2E037 (9/96)