

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003862

1. Entity Name

TREASURE COAST HEALTH CARE, INC.

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90002 010 ****70.00

Principal Place of Business

2300 FIFTH AVENUE
VERO BEACH FL 32960

Mailing Address

2300 FIFTH AVENUE
VERO BEACH FL 32960-5169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0606455

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KISSNER, MICHAEL G.
2300 FIFTH AVE.
VERO BEACH FL 32960

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
STD	KISSNER, MICHAEL G	2300 FIFTH AVENUE	VERO BEACH FL 32960	<input type="checkbox"/>
PD	HILL, JOSEPH A	2300 FIFTH AVENUE	VERO BEACH FL 32960	<input type="checkbox"/>
VD	COREN, M.D. SETH D	2300 5TH AVE	VERO BEACH FL	<input type="checkbox"/>
D	ZIMMER, M.D M	2300 5TH AVE	VERO BEACH FL	<input type="checkbox"/>
D	SALIS, STEPHEN T	2300 5TH AVENUE	VERO BEACH FL 32960	<input checked="" type="checkbox"/>
D	WOOD, VANESSA	30 BURTON HILLS RD., STE. 400	NASHVILLE TN	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	MARY BLUMSTEIN	2300 5TH AVENUE	VERO BEACH FL 32960	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I 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 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:

Michael G. Kissner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

561-567-7111

Daytime Phone #

CR2E037 (9/99)