

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

0031084

**DOCUMENT # N95000003862**

1. Entity Name

**TREASURE COAST HEALTH CARE, INC.**

03-09-2001 90479 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**2300 FIFTH AVENUE  
 VERO BEACH FL 32960**

**2300 FIFTH AVENUE  
 VERO BEACH FL 32960**

**A0030566**



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

**MICHAEL WEIN, M.D.  
 PRESIDENT  
 2300 5TH AVE  
 VERO BEACH, FL. 32960**

**RALPH GEIGER, M.D.  
 2300 5TH AVE  
 VERO BEACH, FL 32960**

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:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL G. KISSNER**

**3/1/01**

**561-567-7111**

Date Daytime Phone #

CR2E037 (10/00)