

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 13 PM 12:57

DOCUMENT # P00000056432

1. Entity Name

Treasure Coast Medical, Inc.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

300029826433
10/15/03--01069--001 **300.00

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

12-03

2. Principal Place of Business

227 Bravado Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Bch Shores, FL

City & State

4. FEI Number

65-1026497

Applied For

Not Applicable

Zip

33404

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mark Henry

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

227 Bravado Lane

Palm Beach Shores

FL

Zip Code

33404

**DO NOT WRITE
IN THIS SPACE**

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: *Mark Henry*

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Mark Henry
227 Bravado Lane
Palm Bch Shores, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Henry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

10/13

Treasure Coast Medical, Inc.
227 Bravado Lane
Palm Beach Shores, FL 33404

September 11, 2003

Florida Dept of State
Division of Corp.
Corp Filings
PO Box 6327
Tallahassee, FL 32314


RE: P00000056432

Dear Sir or Madam:

I am writing in regards to my corporation. My business was incorporated in 2000 and I paid a fee for this incorporation. I did not realize that this was a fee that had to be paid every year. I never received any notices of reminder or warning. When I checked the internet, I happened to find that my corporation had been dissolved without any notification. I was not aware that notices were not sent for this. Enclosed you will find my check for \$300 to cover this expense and be reinstated.

Thank you for your attention to this matter. Please feel free to contact me if you require any further information.

Sincerely,


Mark Neary
President

Enclosure