

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90318 014 ***150.00

DOCUMENT # P01000050508 1. Entity Name TREASURE COAST RADIOLOGY ASSOCIATES, P.A.			
Principal Place of Business 778 W MIDWAY RD FORT PIERCE, FL 34982		Mailing Address 778 W MIDWAY RD FORT PIERCE, FL 34982	
2. Principal Place of Business Suite, Apt. #, etc. 7410 South US Hwy 1, Suite 103A Port St. Lucie, FL 34952		3. Mailing Address Suite, Apt. #, etc. 7410 South US Hwy 1, Suite 103A Port St. Lucie, FL 34952	
Zip 34952	Country USA	Zip 34952	Country USA
4. FEI Number 65-1105384		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRESLAW, BRIAN H MD 778 W MIDWAY RD FORT PIERCE, FL 34982		7. Name and Address of New Registered Agent Name Breslaw, Brian H. M.D. Street Address (P.O. Box Number is Not Acceptable) 7410 South US Hwy 1, Suite 103A Port St. Lucie, FL 34952 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Brian H. Breslaw, MD 4-29-04 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD VENNOS, ALEX N MD 2306 NEBRASKA AVENUE FORT PIERCE, FL 34950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD Vennos, Alex N. M.D. 7410 South US Hwy 1, Suite 103A Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VSTD BRESLAW, BRIAN H MD 2306 NEBRASKA AVENUE FORT PIERCE, FL 34950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VSTD Breslaw, Brian H. M.D. 7410 South US Hwy 1, Suite 103A Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Alexander N. Vennos 4-26-04 772-873-4525 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			