

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90419 048 ***150.00

DOCUMENT # P01000050508

1. Entity Name
TREASURE COAST RADIOLOGY ASSOCIATES, P.A.



40079803

Principal Place of Business
7410 S US HWY 1 STE 103A
FORT PIERCE, FL 34982

Mailing Address
7410 S US HWY 1 STE 103A
FORT PIERCE, FL 34982

2. Principal Place of Business
698 SW PORT ST LUCIE BLVD

3. Mailing Address
698 SW PORT ST LUCIE BLVD

Suite,
SUITE 109

Suite
SUITE 109

City &
PORT ST LUCIE, FL

City
PORT ST LUCIE, FL

Zip
34953

Country
USA

Zip
34953

Country
USA

04192006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1105384

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRESLAW, BRIAN H MD
7410 S US HWY 1 STE 103A
PORT SAINT LUCIE, FL 34952

7. Name and Address of New Registered Agent

Name
BRIAN H BRESLAW, MD
Street Address (P.O.)
698 SW PORT ST LUCIE BLVD
SUITE 109
City
PORT ST LUCIE, FL 34953
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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

4-25-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VENNOS, ALEX N MD ☐ Delete
STREET ADDRESS 7410 S US HWY 1 STE 103A
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE VSTD
NAME BRESLAW, BRIAN H MD ☐ Delete
STREET ADDRESS 7410 S US HWY 1 STE 103A
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME ALEX VENNOS, MD
STREET ADDRESS 698 SW PORT ST LUCIE BLVD
CITY-ST-ZIP SUITE 109
PORT ST LUCIE, FL 34953

TITLE VSTD ☒ Change ☐ Addition
NAME BRIAN H BRESLAW, MD
STREET ADDRESS 698 SW PORT ST LUCIE BLVD
CITY-ST-ZIP SUITE 109
PORT ST LUCIE, FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex N. Vennos

4-24-06

Date

772.873.4525

Daytime Phone #