

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90224 042 ***150.00

DOCUMENT # P01000050508

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



Principal Place of Business	Mailing Address
698 SOUTHWEST PORT SAINT LUCIE BOULEVARD SUITE 109 PORT SAINT LUCIE, FL 34953 US	698 SOUTHWEST PORT SAINT LUCIE BOULEVARD SUITE 109 PORT SAINT LUCIE, FL 34953 US

60042959



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1105384	Applied For 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
698 SOUTHWEST PORT SAINT LUCIE BOULEVARD
SUITE 109
PORT SAINT LUCIE, FL 34953

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
STREET ADDRESS	698 SW PORT SAINT LUCIE BLVD STE 109
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953

TITLE	VSTD
NAME	BRESLAW, BRIAN H MD
STREET ADDRESS	698 SW PORT SAINT LUCIE BLVD STE 109
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 any address, with all other like empowered.

SIGNATURE: Alex Vennos MD 4-23-07 772.873.4525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #