


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90003 031 ***150.00

DOCUMENT # P02000006716		
1. Entity Name TREASURE COAST MULTI-SPECIALTY GROUP, P.A.		

Principal Place of Business 835 SE OSCEOLA ST. STUART, FL 34994	Mailing Address 835 SE OSCEOLA ST. STUART, FL 34994
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54033370



2. Principal Place of Business 2221 SE Ocean Blvd Suite, Apt. #, etc. Suite 300	3. Mailing Address 2221 SE Ocean Blvd Suite, Apt. #, etc. Suite 300
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03112004 Chg-P CR2E034 (10/03)

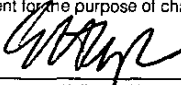
City & State Stuart, FL	City & State Stuart, FL	4. FEI Number 90-0004612	Applied For Not Applicable
Zip 34996	Country USA	Zip 34996	Country USA

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

6. Name and Address of Current Registered Agent NULAND, CHRISTOPHER L 1000 RIVERSIDE AVE., STE. 115 JACKSONVILLE, FL 32204	
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7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 4/1/04

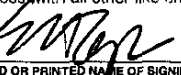
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAPPER, SCOTT 835 SE OSCEOLA ST. STUART, FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATTY, MARK 835 SE OSCEOLA ST. STUART, FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMVITAYAPONG, KASEM MD 835 SE OSCEOLA ST. STUART, FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENGLER, EDWARD 835 SE OSCEOLA ST. STUART, FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITTERSBACH, GEORGE 835 SE OSCEOLA ST. STUART, FL 34994 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GHANDI, SUNIL 835 SE OSCEOLA ST. STUART, FL 34994 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2221 SE Ocean Blvd STUART FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2221 SE Ocean Blvd STUART FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2221 SE Ocean Blvd STUART FL 34996
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2221 SE Ocean Blvd STUART FL 34996

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:  DATE: 4/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. S. Scott Tapper
Treasure Coast Multi-Specialty Group PA
2221 SE Ocean Blvd
Stuart, FL 34996

Attachment
Doc. # P02000006716
54033370

Division of Corporations
PO Box 6327
Tallahassee, FL 32314