2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000006716

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

Principal Place of Business	Mailing Address
2221 SE OCEAN BLVD STE 300 STUART, FL 34996	2221 SE OCEAN BLVD STE 300 STUART, FL 34996

DO NOT WRITE IN THIS SPACE

02232006 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0004612
☐ Applied For
☐ Not Applicable

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

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

U00000467868
03/24/06-80006-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TAPPER, SCOTT
STREET ADDRESS	2221 SE OCEAN BLVD STE 300
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	BEATTY, MARK
STREET ADDRESS	2221 SE OCEAN BLVD STE 300
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	CHAMVITAYAPONG, KASEM MD
STREET ADDRESS	2221 SE OCEAN BLVD STE 300
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	WENGLER, EDWARD
STREET ADDRESS	2221 SE OCEAN BLVD STE 300
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	RITTERSBACH, GEORGE
STREET ADDRESS	2221 SE OCEAN BLVD STE 300
CITY-ST-ZIP	STUART, FL 34996
TITLE	O
NAME	GHANDI, SUNIL
STREET ADDRESS	2221 SE OCEAN BLVD STE 300
CITY-ST-ZIP	STUART, FL 34996

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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: _____ 3/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

W. EDWARD WENGLER 772 219 4026
Daytime Phone #