# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 09, 2007**
**Secretary of State**

DOCUMENT# P03000042272

**Entity Name:** TREASURE COAST PEDIATRICS, P.A.

**Current Principal Place of Business:**

777 37 ST 106-C
VERO BEACH, FL 32960

**New Principal Place of Business:**

777 37 ST
C-106
VERO BEACH, FL 32960

**Current Mailing Address:**

777 37 ST 106-C
VERO BEACH, FL 32960

**New Mailing Address:**

777 37 ST
C-106
VERO BEACH, FL 32960

**FEI Number: 59-3772283** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THORNTON, DANIEL L M.D.
777 37 ST 106-C
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

TREASURE COAST PEDATRICS, PA
777 37 ST
C-106
VERO BEACH, FL 32960 US

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.

SIGNATURE: MARC D. MCCAIN, MD 01/09/2007
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: THORNTON, DANIEL L M.D.
Address: 777 37 ST 106-C
City-St-Zip: VERO BEACH, FL 32960

Title: VPST ( ) Delete
Name: MCCAIN, MARC DR.
Address: 777 37 ST 106-C
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: O/D (X) Change ( ) Addition
Name: THORNTON, DANIEL L M.D.
Address: 777 37 ST 106-C
City-St-Zip: VERO BEACH, FL 32960

Title: O/D (X) Change ( ) Addition
Name: MCCAIN, MARC D MD
Address: 777 37 ST 106-C
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC D. MCCAIN, MD O/D 01/09/2007
Electronic Signature of Signing Officer or Director Date