

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000072202

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** TREASURE COAST MEDICAL ASSOCIATES, INC.

**Current Principal Place of Business:**

1607-B NW FEDERAL HWY.  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

1607-B NW FEDERAL HWY.  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 55-0844936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADELBERG, MICHAEL  
2189 DRIFTWOOD CIRCLE  
PALM BEACH GARDENS, FL 33410 US

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

ADELBERG, J. MICHAEL  
2189 DRIFTWOOD CIRCLE  
PALM BEACH GARDENS, FL 33410 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: J. MICHAEL ADELBERG

01/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: ADELBERG, J. MICHAEL  
Address: 2189 DRIFTWOOD CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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 all other like empowered.

SIGNATURE: J. MICHAEL ADELBERG

DR

01/10/2011

Electronic Signature of Signing Officer or Director

Date