2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2011
Secretary of State

DOCUMENT# P10000066825

Entity Name: TREASURE COAST MEDICAL CENTER, INC.

Current Principal Place of Business:

6805 SOUTH US 1
PORT SAINT. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

6805 SOUTH US 1
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

6805 SOUTH US 1
PORT SAINT. LUCIE, FL 34952 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERRARO, JOHN P
6805 SOUTH US 1
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: FERRARO, JOHN P
Address: 6805 SOUTH US 1
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: VP
Name: ROCHA, JOSE R
Address: 6805 SOUTH US 1
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: TRES
Name: ROCHA, JOSE R
Address: 6805 SOUTH US 1
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: SEC
Name: FERRARO, JOHN P
Address: 6805 SOUTH US 1
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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: JOSE ROCHA VP 03/30/2011
Electronic Signature of Signing Officer or Director Date