2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| DOCUMENT # P93000087288 1. Entity Name PRIMARY CARE OF THE TREASURE COAST, INC. | | | | | | FILED 07 MAR -8 AM 9: 24 | | | | |
|--|--|---|----------------------------------|--|-------------------------|----------------------------------|--------------------|-----------------------|---------------------------|---------------------------|
| Principal Place 1265 36TH S VERO BEACH | STREET | Mailing Address P.O. BOX 5409 VERO BEACH, FL 3296 | | | | 1 /531/881 /15 | ine (Alassee, | 8811 PRIPI (B)(() | | TOTAL IN AFER |
| 2. Principal Pl | ace of Business - No P.O. Box # | 3. Mailing Address | , Mailing Address | | | ex HIII | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 62072007 | Chg-P | CR2E0 | 34 (12/06) | |
| City & State | | City & State | | | | 4. FEI Numbe 65-0457 | | | | plied For t Applicable |
| Zip | Country | Zip | Countr | У | _ | 5. Certificate | of Status Desired | | \$8.75 Add Fee Require | |
| | 6. Name and Address of Current | Registered Agent | | Name | | 7. Name and | Address of New | Registered | Agent | |
| SAVER, DENNIS F M.D. 1265 36TH STREET VERO BEACH, FL 32960 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 0.71 | | | | | | | | FL | · | |
| | named entity submits this statement fo ons of registered agent. | r the purpose or changing its i | registered | a office of | register | ed agent, or bott | i, in the State of | Florida. I am | tamiliar with, | and accept |
| SIGNATURE_ | | | | | | | | | | |
| | Signature, typed or printed name of registered agent | and title it applicable. (NOTE | : Hegistered | Agent signatu | re required | when reinstating) | | DATE | | |
| Amended AR is \$61.25 9. Election Campaign Finan Trust Fund Contribution. | | | | | | 00 May Be ed to Fees | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | | ADDITIONS/ | CHANGES TO O | FFICERS AND | DIRECTOR | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ATAMER, EROL R M.D. 1265 36 ST VERO BEACH, FL 32960 | ☐ Delete | TITLE NAME STREE CITY-1 | T ADDRESS | 1265 | ich, Gu 36th E Beach | r † . | 2960 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BROWN, HAL W M.D. 1265 36 ST VERO BEACH, FL 32960 | ☐ Delete | TITLE NAME STREE | | V Bak 126: | er, Fredr 5 36th 6 5 Beach | ick MD | 2960 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SAVER, DENNIS F MD 1265 36TH ST VERO BEACH, FL 32960 | ☐ Delete | NAME STREE CITY-S | | V Penl 126 Ver | y, Rich 3 36th 0 Beac | | 32960 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SHIPLEY, JOSHUA M 1265 36TH ST VERO BEACH, FL 32960 | ☐ Delete | TITLE NAME STREE CITY-S | T ADORESS ST-ZIP | | ∵ 31 047.057 | 10095 1070103 | 8 99 8 8010 | □ Change 73 ♦•51.25 | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SPLENDORIA, ARTHUR 1265 36TH ST VERO BEACH, FL 32960 | □ Delete | TITLE NAME STREE CITY-: | T ADDRESS ST-ZIP | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby c | V WATKINS, SAMUEL M 1265 36TH ST VERO BEACH, FL 32960 certify that the information supplied with on this report or supplemental report in the second of supplemental report in the second of supplemental report in the second of supplemental report in this report of supplemental report in the second of supple | ☐ Delete | CITY- | | ontained | in Chapter 119 | Florida Statutes | a. I further cer | Change | Addition |

Thereby certify that the information supplied with this filling does not quality 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAY OFFICES OR DESCRIPTION

SAMP MD 449- 772-567-6376