FILED
Jul 01, 2005 8:00 am
Secretary of State
07-01-2005 90002 033 ***150.00

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000091775

1. Entity Name
TREASURE COAST NEUROSURGICAL ASSOCIATES, P.A.

Principal Place of Business
1331 N LAWNWOOD CIRCLE
FORT PIERCE, FL 34950

Mailing Address
PO BOX 1150
FORT PIERCE, FL 34954-1150

2. Principal Place of Business
6006 Oak Harbour Dr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 33718
Suite, Apt. #, etc.

02072005 Chg-P CR2E034 (10/03)

City & State: Juno Beach FL
Zip: 33408 Country: USA

City & State: Palm Beach Gardens FL
Zip: 33420-3718 Country: USA

4. FEI Number 65-0543439 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BLAND, LINDA
606 OAK HARBOUR DRIVE
JUNO BEACH, FL 33408

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | BLAND, DR. LINDA | NAME | |
| STREET ADDRESS | 606 OAK HARBOUR DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | JUNO BEACH, FL 33408 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** _____ 3/1/05 _____ 3/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #