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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	Mailing Address
1331 N LAWNWOOD CIRCLE FORT PIERCE, FL 34950	PO BOX 1150 FORT PIERCE, FL 34954-1150

02072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
606 Oak Harbour Dr.	P.O. Box 33718
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Juno Beach FL	City & State: Palm Beach Gardens FL
Zip: 33408 Country: USA	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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: Linda Bland 3/1/05 3/1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #