

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000030430 (8)
1. Corporation Name

TREASURE COAST MEDICAL SERVICES, INC.

Principal Place of Business Mailing Address
TREASURE COAST MEDICAL SERVICES, INC.
1801 SE HILLMOOR DRIVE, SUITE C105
PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04-01-1996

2. Principal Place of Business	2a. Mailing Address
21 1801 SE HILLMOOR DRIVE Suite, Apt. #, etc.	26 1801 SE HILLMOOR DRIVE Suite, Apt. #, etc.
22 SUITE C-105 City & State	27 SUITE C105 City & State
23 PORT ST. LUCIE, FL Zip Country	28 PORT ST. LUCIE, FL Zip Country
24 34952	29 34952
25 ST. LUCIE	30 ST. LUCIE

4. FEI Number
65-0656708

Applied For
Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENKHAUS, DAVID J
4800 N. FEDERAL HWY., STE. 201 A
BOCA RATON, FL 33431

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed in previous name of a person or agent or if not applicable

(NOT) Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATRICK BARRENTINE P/D	1.2 NAME
STREET ADDRESS 1029 TERRACE ROAD	1.3 STREET ADDRESS
CITY-ST-ZIP STUART, FL 34994	1.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMES ROGERS S/D	2.2 NAME
STREET ADDRESS 576 S.W. WOOD CREEK DRIVE	2.3 STREET ADDRESS
CITY-ST-ZIP PALM CITY, FL 34990	2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)