

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030430

1. Entity Name

TREASURE COAST MEDICAL SERVICES, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90003 024 \*\*\*150.00

Principal Place of Business

Mailing Address

1801 S.E. HILLMOOR DR.  
SUITE C-105  
PORT ST. LUCIE FL 34952  
US

1801 S.E. HILLMOOR DR.  
SUITE C-105  
PORT ST. LUCIE FL 34994-1049  
US

2. Principal Place of Business

3. Mailing Address

360 ALICE AVE.  
Suite, Apt. #, etc.

360 ALICE AVE.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
STUART, FL

City & State  
STUART, FL

4. FEI Number 65-0656708

Applied For  
Not Applicable

Zip Country  
34994 USA

Zip Country  
34994 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENKHAUS, DAVID J  
4800 N. FEDERAL HWY., STE. 210-A  
BOCA RATON FL 33431

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BARRENTINE, PAT  
STREET ADDRESS 1029 TERRACE ROAD  
CITY-ST-ZIP STUART FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME ROGERS, JAMES  
STREET ADDRESS 576 S.W. WOOD CREEK DR.  
CITY-ST-ZIP PALM CITY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PATRICK E BARRENTINE 4/27/2000 245/00 (561) 692-2226

CR2E034 (9/99)