2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000053140

1. Entity Name
TREASURE COAST OB/GYN ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
3498 NW FEDERAL HWY	3498 NW FEDERAL HWY
JENSEN BEACH, FL 34957	JENSEN BEACH, FL 34957

DO NOT WRITE IN THIS SPACE

03212006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0677029	Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, M. LANNING
1100 SOUTH FEDERAL HWY
STUART, FL 34994

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	THOMSON, ALTON M
STREET ADDRESS	3498 NW FEDERAL HWY
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	P
NAME	PARE, ROBERT JR M
STREET ADDRESS	3498 NW FEDERAL HWY
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	S
NAME	BLOMER, ALLISON MD
STREET ADDRESS	3499 NW FEDERAL HWY
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	T
NAME	COLLINS, EVAN M MD
STREET ADDRESS	3498 NW FEDERAL HWY
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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: _____ ROBERT H. PARE 3/30/06 772-2A-1080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #