2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# P96000053140

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

Current Principal Place of Business:

3498 NW FEDERAL HWY
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

3498 NW FEDERAL HWY
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 65-0677029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOX, M. LANNING
3473 SE WILLOUGHBY BLVD
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: THOMSON, ALTON M
Address: 3498 NW FEDERAL HWY
City-St-Zip: JENSEN BEACH, FL 34957

Title: P ( ) Delete
Name: PARE, ROBERT JR M
Address: 3498 NW FEDERAL HWY
City-St-Zip: JENSEN BEACH, FL 34957

Title: S ( ) Delete
Name: BLOMER, ALLISON MD
Address: 3499 NW FEDERAL HWY
City-St-Zip: JENSEN BEACH, FL 34957

Title: T ( ) Delete
Name: COLLINS, EVAN M MD
Address: 3498 NW FEDERAL HWY
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: SINGER, JEREMY MD
Address: 3499 NW FEDERAL HWY
City-St-Zip: JENSEN BEACH, FL 34957

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT PARE PRES 06/23/2009

Electronic Signature of Signing Officer or Director Date