

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053140

FILED  
Mar 16, 2011  
Secretary of State

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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: T  
Name: BLOMER, ALLISON MD  
Address: 3498 NW FEDERAL HWY  
City-St-Zip: JENSEN BEACH, FL 34957

Title: D  
Name: DICKENS, FRANK E MD  
Address: 3498 NW FEDERAL HWY  
City-St-Zip: JENSEN BEACH, FL 34957

I hereby 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 all other like empowered.

SIGNATURE: ROBERT H. PARE, JR.

PRES

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date