

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 24 1998 8:00 am
Secretary of State

DOCUMENT # PA7000058238

1. Corporation Name

TREASURE COAST Medical Group, P.A.

Principal Place of Business

Mailing Address

2100 NEBRASKA AVE.
Suite 105
FT. PIERCE, FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07-01-97

2. Principal Place of Business

21 2100 NEBRASKA AVE.

Suite, Apt. #, etc.

22 Suite 105

City & State

23 Fort Pierce, FL

Zip

24 34950

Country

25 ST. Lucie

9. Name and Address of Current Registered Agent

MARJIEH, Ziad Michel
2100 NEBRASKA AVE Suite 105
Fort Pierce FL 34950

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]

(NOTE: Registered Agent's signature required when reinstating)

4-17-98

FL

85

Zip Code

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ziad Michel MARJIEH, M.D.
2100 NEBRASKA AVE. Suite 105
Fort Pierce, FL 34950
President

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 of changes with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-98

561-461-0915

CR2E034 (10/97)