

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000007349

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** TREASURE COAST CANCER CARE CENTER, INC.

**Current Principal Place of Business:**

1700 SOUTHEAST HILMOORE DRIVE  
SUITE 306  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1700 SOUTHEAST HILMOORE DRIVE  
SUITE 306  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 65-0891840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: PSTD  
Name: BELLAM, SIVAPRASAD  
Address: 1700 SOUTHEAST HILMOORE DRIVE, STE.306  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: OFFI  
Name: BELLAM, SAI VIJAYA  
Address: 1700 SE HILLMOOR DR, STE 306  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: SIVA BELLAM

MD

01/06/2012

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

\_\_\_\_\_  
Date