2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

SIGNATURE:

## Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # S08254 1. Entity Name TREASURE COAST CARE, INC. Principal Place of Business Mailing Address 1699 AVANTI COURT PORT ST, LUCIE FL 34952 1699 AVANTI COURT PORT ST. LUCIE FL 34952 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0234639 Not Applicable Zφ Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MENDENHALL, RODNEY G 1699 AVANTI COURT Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34952 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE OPT Delete TITLE Change Addition MENDENHALL, RODNEY G. MARSE MARKE Un0000026528 82/83/04-80011-008 1**50.00** STREET ADDRESS 1699 AVANTI COURT STREET ADDRESS CRTY-ST-ZEP PORT ST. LUCIE FL CITY-ST-ZIP TITLE Delete TIBE Change ☐ Addition MENDENHALL, CHERYL L NAME NAME 1699 AVANTI CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PT ST LUCIE FL CITY-ST-ZIP □ Detete BILE TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS C874-ST-789 CITY-ST-7/P TITLE TIBE ☐ Change ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TELLE Delete 3331 5 Change Change Addition NAME STREET ADDRESS STREET ADDRESS CBY-ST-78 CUTY+ST-Z8P Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-78P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

ndeated CHORYLL MONDONHAU 1-30-04

FILED