

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S57985

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: TREASURE COAST HEALTH CARE SERVICES, INC.

## Current Principal Place of Business:

2506 ACORN STREET  
SUITE C  
FT. PIERCE, FL 34947 US

## New Principal Place of Business:

P.O. BOX 39901  
FT LAUDERDALE, FL 33339 US

## Current Mailing Address:

2506 ACORN ST.  
C  
FT. PIERCE, FL 34947 US

## New Mailing Address:

P.O. BOX 39901  
FT LAUDERDALE, FL 33339 US

FEI Number: 65-0273381

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOUNT, JODE  
2506 ACORN ST STE C  
FT PIERCE, FL 34947 US

## Name and Address of New Registered Agent:

MOUNT, JODE  
P.O. BOX 39901  
FT LAUDERDALE, FL 33339 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MAHENDRA P GUPTA,  
Address: 2606 ACORN ST STE C  
City-St-Zip: FT. PIERCE, FL 34947

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MAHENDRA P GUPTA,  
Address: P.O. BOX 39901  
City-St-Zip: FT LAUDERDALE, FL 33339

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAHENDRA P GUPTA

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date