

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S57985

FILED
Apr 30, 2008
Secretary of State

Entity Name: TREASURE COAST HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

2010 NE 45TH STREET
FT LAUDERDALE, FL 33308 US

New Principal Place of Business:

1925 NE 45TH STREET
SUITE # 227
FT LAUDERDALE, FL 33308 US

Current Mailing Address:

2010 NE 45TH STREET
FT LAUDERDALE, FL 33308 US

New Mailing Address:

1925 NE 45TH STREET
SUITE # 227
FT LAUDERDALE, FL 33308 US

FEI Number: 65-0273381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ACHARYA, NAVIN
2010 NE 45TH STREET
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

SHIELD, BOB
1925 NE 45TH STREET
SUITE 227
FT LAUDERDALE, FL 33308 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: BOB SHIELD

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAHENDRA P GUPTA,
Address: 1925 N.E.45TH STREET, SUITE 227
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D () Change (X) Addition
Name: SHIELD, BOB
Address: 1925 N.E.45TH STREET, SUITE 227
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BOB SHIELD

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date