

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S57985

FILED  
Mar 25, 2010  
Secretary of State

**Entity Name:** TREASURE COAST HEALTH CARE SERVICES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0273381      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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: BOB SHIELDS

MR

03/25/2010

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

\_\_\_\_\_  
Date