

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K63306

**FILED  
Jan 12, 2018  
Secretary of State  
CC3005433062**

**Entity Name:** TREASURE COAST EAR, NOSE & THROAT, P.A.

**Current Principal Place of Business:**

2221 SE OCEAN BLVD  
SUITE 300  
STUART, FL 34996

**Current Mailing Address:**

2221 SE OCEAN BLVD  
SUITE 300  
STUART, FL 34996 US

**FEI Number:** 65-0095341

**Certificate of Status Desired:** No

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

SHARKEY, DANIEL E.  
2221 SE OCEAN BLVD  
SUITE 300  
STUART, FL 34996 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SHARKEY, DANIEL E.  
Address 2221 SE OCEAN BLVD SUITE 300  
City-State-Zip: STUART FL 34996

Title V  
Name SABOL, STUART J  
Address 2221 SE OCEAN BLVD SUITE 300  
City-State-Zip: STUART FL 34996

Title S  
Name NUNEZ, ROBERT A  
Address 2221 SE OCEAN BLVD SUITE 300  
City-State-Zip: STUART FL 34996

*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:** DANIEL E SHARKEY

**PRESIDENT**

**01/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date