

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000085073

**Entity Name:** TREASURE COAST PULMONARY MEDICINE, P.A.

**Current Principal Place of Business:**

10380 SW VILLAGE CENTER DRIVE, #319  
PORT ST. LUCIE, FL 34987

**Current Mailing Address:**

10380 SW VILLAGE CENTER DRIVE, #319  
PORT ST. LUCIE, FL 34987 US

**FEI Number:** 81-4230369

**Certificate of Status Desired:** No

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

NORMAN, KENNETH A  
2400 SE FEDERAL HIGHWAY, FOURTH FLOOR  
STUART, FL 34994 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            PRESIDENT/DIRECTOR  
Name            KAUL, M.D., VIVEK  
Address        10380 SW VILLAGE CENTER DRIVE,  
                  #319  
City-State-Zip: PORT ST. LUCIE FL 34987

*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:** VIVEK KAUL, M.D.

**PRESIDENT**

**04/17/2017**

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

\_\_\_\_\_  
Date