I hereby certify that the information indicated on this report or supplemental report is true and acc	urate 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 exe	ecute 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: JAMES J VOPAL	PRES	02/27/2021

SIGNATURE: JAMES J VOPAL	PRES

DOCUMENT# P97000077000

Entity Name: BREAST CARE CENTER OF THE TREASURE COAST, INC.

Current Principal Place of Business:

801 EAST OSCEOLA STREET STUART, FL 34994

Current Mailing Address:

801 EAST OSCEOLA STREET STUART. FL 34994

FEI Number: 65-0780326

Name and Address of Current Registered Agent:

SOPKO, JAMES 411 SE OSCEOLA STREET SUITE 200 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

Officer/Director Detail :

Title PT Name VOPAL. JAMES J Address 801 EAST OSCEOLA STREET City-State-Zip: STUART FL 34994

de

FILED Feb 27, 2021 Secretary of State 0755182385CC

Certificate of Status Desired: No

Date

Electronic Signature of Signing Officer/Director Detail