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.

PRESIDENT

SIGNATURE: JAMES J. VOPAL

Electronic Signature of Signing Officer/Director Detail

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 :

TitlePTNameVOPAL, JAMES JAddress801 EAST OSCEOLA STREETCity-State-Zip:STUART FL 34994

Date

Date

FILED Apr 29, 2024 Secretary of State 9233858106CC

Certificate of Status Desired: No

04/29/2024