

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

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

**Certificate of Status Desired:** No

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

SOPKO, JAMES  
2300 MONTEREY ROAD  
SUITE 100  
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 PT  
Name VOPAL, JAMES J  
Address 801 EAST OSCEOLA STREET  
City-State-Zip: STUART FL 34994

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:** JAMES J. VOPAL

**PRESIDENT**

**03/07/2014**

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

\_\_\_\_\_  
Date