I hereby certify that the information indicated on this report or supplemental report is true and acc	curate and that my electronic signature shall have the	e 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 ex	Recute this report as required by Chapter 607, Florida	a Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: JAMES J VOPAL	MGR	02/16/2023

SIGNATURE:	JAMES J VOPAL	

#### 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

MGR

Certificate of Status Desired: No

Date

FILED Feb 16, 2023 Secretary of State 0092717307CC

Electronic Signature of Signing Officer/Director Detail