I hereby certify that the information indicated on this report or supplemental report is true and accurate		
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute	ute 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	PRES	02/19/2019

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address:

Current Principal Place of Business:

801 EAST OSCEOLA STREET STUART. FL 34994

DOCUMENT# P97000077000

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

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

Officer/Director Detail :

Title PT VOPAL, JAMES J 801 EAST OSCEOLA STREET

PRES

Name Address

City-State-Zip: STUART FL 34994

FILED Feb 19, 2019 Secretary of State 3022193096CC

Certificate of Status Desired: No

Date

Date