

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 21 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05062004 No Chg-P CR2E034 (10/03)

DOCUMENT # L84965
1. Entity Name
TIFFANY SURGERY CENTER, INC.



Principal Place of Business
**% WILLIAM B. DREYER M.D.
P O BOX 9077
PORT ST LUCIE, FL 34985**

Mailing Address
**% WILLIAM B. DREYER M.D.
P O BOX 9077
PORT ST LUCIE, FL 34985**

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0208971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DREYER, WILLIAM B.
1715 SE TIFFANY AVENUE
PORT ST LUCIE, FL 34985**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREYER, WILLIAM B., MD 1715 SE TIFFANY AVE PT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL ROWE, DANIEL MD 1715 SE TIFFANY AVE PORT ST. LUCIE, FL
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500037045795
05/24/04--01079--017 **550.00

DO NOT WRITE IN THIS SPACE

lbm 5/21

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **5/17/04** **772-337-2000**
SIGNATURE, FULL TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #