


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

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



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



DO NOT WRITE IN THIS SPACE

02242005 No Chg-P CR2E034 (10/03)
4. FEI Number Applied For
65-0208971 Not Applicable
5. Certificate of Status Desired \$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

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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 life if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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


10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DREYER, WILLIAM B., MD
STREET ADDRESS	1715 SE TIFFANY AVE
CITY-ST-ZIP	PT ST LUCIE, FL
TITLE	D
NAME	DEL ROWE, DANIEL MD
STREET ADDRESS	1715 SE TIFFANY AVE
CITY-ST-ZIP	PORT ST. LUCIE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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04/13/05-80036-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Date: 4/13/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR