


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90240 002 ***150.00

DOCUMENT # L84965 1. Entity Name TIFFANY SURGERY CENTER, INC.	
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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
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DO NOT WRITE IN THIS SPACE



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0208971	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DREYER, WILLIAM B. 1715 SE TIFFANY AVENUE PORT ST LUCIE, FL 34985
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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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Daniel J. DelRowe 3/16/06 772-337-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #