

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90151 020 \*\*\*150.00

UBR/BSA  
AV

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0208971**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DREYER, WILLIAM B.**  
**1715 SE TIFFANY AVENUE**  
**PORT ST LUCIE FL 34985**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **D DREYER, WILLIAM B., MD**  
STREET ADDRESS **1715 SE TIFFANY AVE**  
CITY-ST-ZIP **PT ST LUCIE FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D DEL ROWE, DANIEL MD**  
STREET ADDRESS **1715 SE TIFFANY AVE**  
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DANIEL ROWE**

Date **3/14/03** Daytime Phone # **772-283-8711**

CR2E034 (10/02)