


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90006 041 ***550.00

DOCUMENT # L24203


1. Entity Name
TREASURE COAST SURGICENTER PROPERTIES, INC.



Principal Place of Business 1715 S.E. TIFFANY AVE. P.O. BOX 9077 PORT ST LUCIE, FL 34952	Mailing Address 1715 S.E. TIFFANY AVE. P.O. BOX 9077 PORT ST LUCIE, FL 34952
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



05062004 Chg-P CR2E034 (10/03)

4. FEI Number
31-1287719 Applied For
 Not Applicable

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

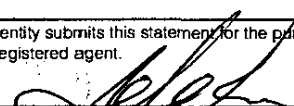
6. Name and Address of Current Registered Agent

**DREYER, WILLIAM B., M.D.
 1715 SE TIFFANY AVE
 PORT ST LUCIE, FL 33452**

7. Name and Address of New Registered Agent

Name **DelRowe, Daniel J.**
 Street Address (P.O. Box Number is Not Acceptable)
1715 SE TIFFANY AVE
 City **Port St Lucie, FL** Zip Code **34952**

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 **5/17/04**

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

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**

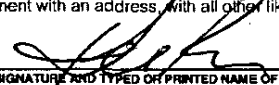
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREYER, WILLIAM B., M.D. 1715 SE TIFFANY AVE PORT ST LUCIE, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL ROWE, DANIEL M.D. 1715 SE TIFFANY AVE. PORT ST. LUCIE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **5/17/04** DAYTIME PHONE # **772-337-2020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR