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	Mailing Address
1715 S.E. TIFFANY AVE. P.O. BOX 9077 PORT ST LUCIE, FL 34952	1715 S.E. TIFFANY AVE. P.O. BOX 9077 PORT ST LUCIE, FL 34952
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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: [signature] 5/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREYER, WILLIAM B., M.D. 1715 SE TIFFANY AVE PORT ST LUCIE, FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL ROWE, DANIEL M.D. 1715 SE TIFFANY AVE. PORT ST. LUCIE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 5/17/04 772-337-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #