

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L24203  
 1. Entity Name  
 TREASURE COAST SURGICENTER PROPERTIES, INC.



Principal Place of Business      Mailing Address  
 1715 S.E. TIFFANY AVE.      1715 S.E. TIFFANY AVE.  
 P.O. BOX 9077      P.O. BOX 9077  
 PORT ST LUCIE, FL 34952      PORT ST LUCIE, FL 34952



02242005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 31-1287719      Not Applicable

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

6. Name and Address of Current Registered Agent  
 DEL ROWE, DANIEL J  
 1715 SE TIFFANY AVE  
 PORT ST LUCIE, FL 33452

**DO NOT WRITE 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 title 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	DEL ROWE, DANIEL M.D.
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100001249620  
 03/03/05-80009-025 150.00

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]* Daniel J. DelRowe      3/1/05    772-337-2080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #