

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-16-2006 90240 021 ***150.00

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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DO NOT WRITE IN THIS SPACE



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1287719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 DEL ROWE, DANIEL M.D. 1715 SE TIFFANY AVE. PORT ST. LUCIE, FL
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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. DeRowe* 3/13/06 772-337-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #