

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24203

FILED
Apr 10, 2007
Secretary of State

Entity Name: TREASURE COAST SURGICENTER PROPERTIES, INC.

Current Principal Place of Business:

1715 S.E. TIFFANY AVE.
P.O. BOX 9077
PORT ST LUCIE, FL 34952

New Principal Place of Business:

1715 S.E. TIFFANY AVE.
PORT ST LUCIE, FL 34952

Current Mailing Address:

1715 S.E. TIFFANY AVE.
P.O. BOX 9077
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 31-1287719 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEL ROWE, DANIEL J
1715 SE TIFFANY AVE
PORT ST LUCIE, FL 33452 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEL ROWE, DANIEL M.D, .
Address: 1715 SE TIFFANY AVE.
City-St-Zip: PORT ST. LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL J. DELROWE

D

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date