

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

03-16-2006 90240 002 \*\*\*150.00

**DOCUMENT # L84965**

1. Entity Name

TIFFANY SURGERY CENTER, INC.



Principal Place of Business

% WILLIAM B. DREYER M.D.  
P O BOX 9077  
PORT ST LUCIE, FL 34985

Mailing Address

% WILLIAM B. DREYER M.D.  
P O BOX 9077  
PORT ST LUCIE, FL 34985



03102006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0208971

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.  
1715 SE TIFFANY AVENUE  
PORT ST LUCIE, FL 34985

**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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

**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  
DREYER, WILLIAM B., MD  
STREET ADDRESS  
1715 SE TIFFANY AVE  
CITY-ST-ZIP  
PT ST LUCIE, FL

TITLE  
NAME  
DEL ROWE, DANIEL MD  
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

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Daniel J. DelRowe*

Date

3/13/06

Daytime Phone #

772-337-2000