

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L84965

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: TIFFANY SURGERY CENTER, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

% WILLIAM B. DREYER M.D.  
1715 SE TIFFANY AVE  
PORT ST LUCIE, FL 34985

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 65-0208971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DREYER, WILLIAM B.  
1715 SE TIFFANY AVENUE  
PORT ST LUCIE, FL 34985 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: DREYER, WILLIAM B., MD  
Address: 1715 SE TIFFANY AVE  
City-St-Zip: PT ST LUCIE, FL

Title: D ( ) Delete  
Name: DEL ROWE, DANIEL MD,  
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:

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

I hereby certify that the information supplied with this filing does not qualify 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

04/27/2007

Electronic Signature of Signing Officer or Director

Date