2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M92924

FILED Jul 03, 2006 Secretary of State

Entity Name: TREASURE COAST COSMETIC SURGERY CENTER, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
Current Mailing Address:		New Mailing Address	New Mailing Address:		
: 65-0061011	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)		
d Address of C	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:		
DAIR RD					
named entity					
e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,		
	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,		
e of Florida. RE:	submits this statement for the nic Signature of Registered Ag		d office or registered agent, or both, Date		
e of Florida. RE: Electror ice with s. 607.19		ent			
e of Florida. RE: Electror ice with s. 607.19	nic Signature of Registered Ag 3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ent ot receive the prior notice.			
e of Florida. RE: Electron ice with s. 607.19 mpaign Financing S AND DIREC DP VIGGIANO, DO	nic Signature of Registered Ag 3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). TORS:) Delete NATO A ST. LUCIE BLVD.	ent ot receive the prior notice.	Date		
1	PORT ST. LUC LUCIE, FL 34 lailing Addres PORT ST. LUC LUCIE, FL 34 : 65-0061011 d Address of C OCK, JOYCE E DAIR RD LUCIE, FL 34	PORT ST. LUCE BLVD. LUCIE, FL 34952 US lailing Address: PORT ST. LUCE BLVD. LUCIE, FL 34952 US : 65-0061011 FEI Number Applied For () d Address of Current Registered Agent: OCK, JOYCE E NDAIR RD LUCIE, FL 34952 US	PORT ST. LUCE BLVD. LUCIE, FL 34952 US **Rew Mailing Address** **PORT ST. LUCE BLVD. LUCIE, FL 34952 US **: 65-0061011 FEI Number Applied For () FEI Number Not Applicable () **I Address of Current Registered Agent: **OCK, JOYCE E NDAIR RD		

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: DONATO A. VIGGIANO	MD	07/03/2006
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