

2005 FOR PROFIT CORPORATION ANNUAL REPORT


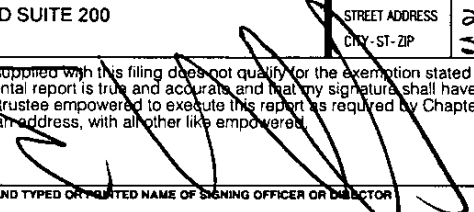
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Apr 01, 2005 8:00 am
Secretary of State

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03182005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000053143							
1. Entity Name TREASURE COAST SURGICAL GROUP, P.A.							
Principal Place of Business 2221 SE OCEAN BLVD SUITE 200 STUART, FL 34996			Mailing Address 2221 SE OCEAN BLVD SUITE 200 STUART, FL 34996				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0676504			
				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			7. Name and Address of New Registered Agent				
COEL, MARK A ESQ 621 NW 53RD ST SUITE 420 BOCA RATON, FL 33487-0000			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAPPER, SCOTT S M.D.		NAME				
STREET ADDRESS	2221 SE OCEAN BLVD		STREET ADDRESS	2221 S.E. Ocean Blvd, Suite 200			
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ITTERSBACH, GEORGE H M.D.		NAME				
STREET ADDRESS	2221 SE OCEAN BLVD SUITE 200		STREET ADDRESS				
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEATTY, MARK S M.D.		NAME				
STREET ADDRESS	2221 SE OCEAN BLVD SUITE 200		STREET ADDRESS				
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOYOLA, RENE M M.D.		NAME				
STREET ADDRESS	2221 SE OCEAN BLVD SUITE 200		STREET ADDRESS				
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WENGLER, W. EDWARD M.D.		NAME				
STREET ADDRESS	2221 SE OCEAN BLVD SUITE 200		STREET ADDRESS				
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GANDHI, SUNIL MD		NAME	Kurtin, Adam D, D.O.			
STREET ADDRESS	2221 SE OCEAN BLVD SUITE 200		STREET ADDRESS	2221 S.E. Ocean Blvd, Suite 200			
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	Stuart, FL 34996			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			Date: 3.28.05 (772) 219 4026				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>				