2005 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Apr 01, 2005 8:00 am Secretary of State

Principal Place of Business 2221 SC DEAN BLUD SUITE 200 STURRT, FL 34996 2. Principal Place of Business 3. Mailing Address Place SURR, FL 4, etc. SURR, Apt. 4, etc. SURR, Apt. 4, etc. O3182005 Chg.P CR26004 (10/03) City & State Country 2p Country 2p Country 2p Country 5. Certificate of Status Desired Fee Regulated Fee R	DOCUMENT # P96000053143 1. Enlity Name TREASURE COAST SURGICAL GROUP, P.A.					04-01-2005 90017 018 ***150.00				
222 SE OCEAN BLVD SUITE 200 STUART, FL 34996 2. Principal Place of Business Saile, April *, etc. Suite, Apr	Principal Place of Business Mailing Address					40044483				
Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City & FL Zip Code 8. The above ramed city submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ficial a 1 am familiar with, and accept the decidation of registered agent, or both, in the State of Ficial a 1 am familiar with, and accept the decidation of registered agent, or both, in the State of Ficial a 1 am familiar with, and accept the decidation of registered agent, or both, in the State of Ficial a 1 am familiar with, and accept the decidation of registered agent, or both, in the State of Ficial a 1 am familiar with, and accept the decidation of registered agent, or both, in the State of Ficial a 1 am familiar with, and accept the decidation of registered agent, or both, in the State of Ficial a 1 am familiar with, and accept the decidation of registered agent, or both, in the State of Ficial agent, or both in the State of Ficial a	2221 SE OCEAN BLVD SUITE 200 2221 SE OCEAN BLVD S			SUITE 200		1 (111 (/111) (101)	Die Brit Gbit word was		III AIBSB M	1 88 1
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- 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 42D BOCA RATON, FL 33487-0000 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150,00 ARter May 1, 2005 Fee will be \$550,00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPT NAME TAPPER, SCOTT S M.D. SIREL NOWILL FEE IS \$150,00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPT NAME TAPPER, SCOTT S M.D. SIREL NOWIS SIREL NO	City & State		City & State				504			·
COEL MARK A ESQ 621 MW 53RD ST SUITE 420 BOCA RATON, FL 33487-0000 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$\$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DPT	Zip			Country		5. Certificate o	f Status Desired	□ \$8. Fee	75 Add Required	itional 1
COEL MARK A ESQ 821 MW 5370 ST SUITE 420 BOCA RATON, FL 33487-0000 City FL Zip Code Site above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hood or proted name of insignated agent act 6th displaced agent act 6th displa		6. Name and Address of Current Re	7. Name and A	ddress of New R	egistered Ager	nt				
Either Above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	621 NW 53RD ST SUITE 420									
B. 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 Speakure toped or printed mane of ingustered agent and steef applicable. NOTE: Registered Agent speakure agent agent and steef applicable. NOTE: Registered Agent speakure agent agent and steef applicable. NOTE: Registered Agent speakure agent agent and steef applicable. NOTE: Registered Agent speakure agent agent and steef applicable. NOTE: Registered Agent speakure agent agent and steef applicable. NOTE: Registered Agent speakure agent agent and steef applicable. NOTE: Registered Agent speakure agent agent and steef applicable. NOTE: Registered Agent speakure agent	BOCA RA	TON, FL 33487-0000								
SIGNATURE Signature, lipsed or peried inerce of registered agent and life if applicable. NOTE Registered Agent signature included when normalizating)				City				FL	Zip Code	3
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After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Added to Fees 10.										
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of the corporation of the receiver or trustee empowered to execute his 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 AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DI