

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-01-2005 90017 018 ***150.00

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03182005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0676504
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**COEL, MARK A ESQ
621 NW 53RD ST
SUITE 420
BOCA RATON, FL 33487-0000**

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT TAPPER, SCOTT S M.D. 2221 SE OCEAN BLVD STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2221 S.E. Ocean Blvd, Suite 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RITTERSBACH, GEORGE H M.D. 2221 SE OCEAN BLVD SUITE 200 STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATTY, MARK S M.D. 2221 SE OCEAN BLVD SUITE 200 STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOYOLA, RENE M M.D. 2221 SE OCEAN BLVD SUITE 200 STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WENGLER, W. EDWARD M.D. 2221 SE OCEAN BLVD SUITE 200 STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANDHI, SUNIL MD 2221 SE OCEAN BLVD SUITE 200 STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kurtin, Adam D, D.O. 2221 S.E. Ocean Blvd, Suite 200 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)(i), 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: _____ **3.28.05** (772) 219 4026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #