2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000053143

1. Entity Name
TREASURE COAST SURGICAL GROUP, P.A.

Principal Place of Business	Mailing Address
2221 SE OCEAN BLVD SUITE 200 STUART, FL 34996	2221 SE OCEAN BLVD SUITE 200 STUART, FL 34996

03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0676504
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COEL, MARK A ESQ
ONE LINCOLN PLACE
1900 GLADES ROAD,SUITE 350
BOCA RATON, FL 33431-0000

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TAPPER, SCOTT S M.D.
STREET ADDRESS	2221 SE OCEAN BLVD, SUITE 200
CITY-ST-ZIP	STUART, FL 34996
TITLE	DS
NAME	RITTERSBACH, GEORGE H M.D.
STREET ADDRESS	2221 SE OCEAN BLVD SUITE 200
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	BEATTY, MARK S M.D.
STREET ADDRESS	2221 SE OCEAN BLVD SUITE 200
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	LOYOLA, RENE M M.D.
STREET ADDRESS	2221 SE OCEAN BLVD SUITE 200
CITY-ST-ZIP	STUART, FL 34996
TITLE	DPT
NAME	WENGLER, W. EDWARD M.D.
STREET ADDRESS	2221 SE OCEAN BLVD SUITE 200
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	GANDHI, SUNIL MD
STREET ADDRESS	2221 SE OCEAN BLVD SUITE 200
CITY-ST-ZIP	STUART, FL 34996

UD00000683663
04/06/07-80001-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: E W WENGLER 3/27/07 772 219 4026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #