

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053143

FILED
Mar 05, 2009
Secretary of State

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

Current Principal Place of Business:

2221 SE OCEAN BLVD SUITE 200
STUART, FL 34996

New Principal Place of Business:

2221 SE OCEAN BLVD
SUITE #200
STUART, FL 34996

Current Mailing Address:

2221 SE OCEAN BLVD SUITE 200
STUART, FL 34996

New Mailing Address:

2221 SE OCEAN BLVD
SUITE #200
STUART, FL 34996

FEI Number: 65-0676504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COEL, MARK A ESQ
ONE LINCOLN PLACE
1900 GLADES ROAD, SUITE 350
BOCA RATON, FL 334310000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KURTIN, ADAM D
Address: 2221 SE OCEAN BLVD STE 200
City-St-Zip: STUART, FL 34996

Title: DS () Delete
Name: RITTERSBACH, GEORGE H M.D.
Address: 2221 SE OCEAN BLVD SUITE 200
City-St-Zip: STUART, FL 34996

Title: D (X) Delete
Name: BEATTY, MARK S M.D.
Address: 2221 SE OCEAN BLVD SUITE 200
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: LOYOLA, RENE M M.D.
Address: 2221 SE OCEAN BLVD SUITE 200
City-St-Zip: STUART, FL 34996

Title: DPT () Delete
Name: WENGLER, W. EDWARD M.D.
Address: 2221 SE OCEAN BLVD SUITE 200
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KURTIN, ADAM D D.O.
Address: 2221 SE OCEAN BLVD STE 200
City-St-Zip: STUART, FL 34996

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: W. EDWARD WENGLER

DPT

03/05/2009

Electronic Signature of Signing Officer or Director

Date