2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053143

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

FILED Mar 19, 2010 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

2221 SE OCEAN BLVD **SUITE #200** STUART, FL 34996

Current Mailing Address: 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: Name and Address of New Registered Agent:

COEL, MARK A ESQ NULAND, CHRISTOPHER L ONE LINCOLN PLACE 1000 RIVERSIDE AVENUE 1900 GLADES ROAD, SUITE 350 #115 BOCA RATON, FL 334310000 US JACKSONVILLE, FL 32204 US

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: CHRISTOPHER L NULAND 03/19/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

KURTIN, ADAM D D.O. Name:

2221 SE OCEAN BLVD STE 200 Address:

City-St-Zip: STUART, FL 34996

Title: DS

Name: RITTERSBACH, GEORGE H.M.D. 2221 SE OCEAN BLVD SUITE 200 Address:

STUART, FL 34996 City-St-Zip:

Title:

LOYOLA, RENE M M.D. Name:

2221 SE OCEAN BLVD SUITE 200 Address:

City-St-Zip: STUART, FL 34996

Title: DPT

WENGLER, W. EDWARD M.D. Name: Address: 2221 SE OCEAN BLVD SUITE 200

City-St-Zip: STUART, FL 34996

I hereby 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 all other like empowered.

SIGNATURE: W. EDWARD WENGLER DPT 03/19/2010