

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90639 034 ***150.00

DOCUMENT # P96000053143

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



Principal Place of Business
835 SE OSCEOLA STREET
STUART FL 34994

Mailing Address
835 SE OSCEOLA STREET
STUART FL 34994



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0676504

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COEL, MARK A ESQ

2700 SOUTH COMMERCE PARKWAY 33 S.E. 8TH STREET

SUITE 305

WESTON FL 33331-0000 BOCA RATON, FL 33432

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 ☐ Delete
NAME BEATTY, MARK S M.D.
STREET ADDRESS 835 SE OSCEOLA STREET
CITY-ST-ZIP STUART FL 34994

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D S
STREET ADDRESS RITTERSBACH, GEORGE H M.D.
CITY-ST-ZIP 835 SE OSCEOLA STREET
STUART FL 34994

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DPT
STREET ADDRESS TAPPER, S. SCOTT
CITY-ST-ZIP 835 SE OSCEOLA STREET
STUART FL 34994

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS LOYOLA, RENE M M.D.
CITY-ST-ZIP 835 SE OSCEOLA STREET
STUART FL 34994

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DV
STREET ADDRESS WENGLER, W. EDWARD M.D.
CITY-ST-ZIP 835 SE OSCEOLA STREET
STUART FL 34994

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS MICHNA, BARBARA
CITY-ST-ZIP 835 SE OSCEOLA ST.
STUART FL 34994

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *S. Scott Tapper* **TREASURER** *W. Engler* **PRESIDENT** *Barbara Michna* **DIRECTOR** *Mark Beatty* **8/20/03** **772-219-4026**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)