

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90149 035 ***150.00

DOCUMENT # P96000064808 1. Entity Name TREASURE COAST SURGERY, INC.					
Principal Place of Business 1411 E OCEAN BLVD STUART, FL 34996 US			Mailing Address 1411 E OCEAN BLVD STUART, FL 34996 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0682125				Applied For ☐ Not Applicable	
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		
FOX, M. LANNING 1100 SOUTH FEDERAL HIGHWAY STUART, FL 34994			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 _____ (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	V ELLIOT, DAVID DO 1050 SE MONTEREY ROAD, #301 STUART, FL 34994	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V William Anspach MD 1050 SE Monterey Rd, Ste 400 Stuart, FL 34996	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLSON, WILLIAM E MD 509 SE RIVERSIDE DRIVE 302 STUART, FL 34994	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Craig Breslauer, DPM 3087 SW Martin Downs Blvd Palm City, FL 34990	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIER, ROBERT H MD 1411 E OCEAN BLVD STUART, FL 34996	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mark Beatty MD 2221 SE Ocean Blvd, Ste 200 Stuart, FL 34996	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAAS, GEORGE MD 509 SE RIVERSIDE DRIVE 302 STUART, FL 34994	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gary Guzzardo, MD 2150 SE Salerno Rd, Ste 202 Stuart, FL 34997	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESMAN, SCOTT MD 509 SE RIVERSIDE DRIVE 302 STUART, FL 34994	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Richard Kadingo, MD 1050 SE Monterey Rd, Ste 104 Stuart, FL 34994	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAUBERT, JACK S MD 1411 N FLAGLER DRIVE 9500 WEST PALM BEACH, FL 33401	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V William Carlson, MD 1050 SE Monterey Rd, Ste 400 Stuart, FL 34994	☒ Change ☐ Addition
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: _____ 7/25/05 772/286-8028 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

See Attached

ATTACHMENT

14006966

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Continuation Page

Block 11

V

Change

George Haas, M.D.
1050 SE Monterey Road, Suite 400
Stuart, FL 34994

V

Change

Scott Desman, M.D.
1050 SE Monterey Road, Suite 400
Stuart, FL 34994

V

Change

Jack S. Daubert, M.D.
1050 SE Monterey Road, Suite 104
Stuart, FL 34994

V

Change

David Elliott, DO
1050 SE Monterey Road, Suite 102
Stuart, FL 34994