2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000064808 03-14-2006 90035 016 ***150.00 TREÁSURE COAST SURGERY, INC. Principal Place of Business Mailing Address 40031533 1411 E OCEAN BLVD 1411 E OCEAN BLVD STUART, FL 34996 STUART, FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 65-0682125 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FOX, M. LANNING Street Address (P.O. Box Number is Not Acceptable) 1100 SOUTH FEDERAL HIGHWAY STUART, FL 34994 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 II applicable. (NOTE; Registered Agent signature required when refristating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change N Addition Delete NAME NAME ANSPACH, WILLIAM MD 1050 SE MONTEREY ROAD, SUITE 400 STREET ADDRESS STREET ADDRESS 1050 58 CITY-ST-ZIP CITY-ST-ZIP STUART, FL 34994 Delete ☐ Change TITLE BRESLAUER, CRAIG DPM NAME NAME STREET ADDRESS 3087 SW NARTUB DIWBS BKVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY, FL 34990 ☐ Delete TITLE ☐ Change Addition TITLE FIER, ROBERT H MD NAME NAME 1411 E OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STUART, FL 34996 Delete TITLE Change TITLE BEATTY, MARK MD NAME NAME 1042 STREET ADDRESS 2221 SW OCEAN BLVD, STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART, FL 34996 ☐ Defete Addition TITLE NAME GUZZARDO, GARY NAME 2150 SE SALERNO ROAD, STE 202 STREET ADDRESS STREET ADDRESS STUART, FL 34997 City-St-ZiP CITY-ST-ZIP ■ Addition Deleta TIME KADINGO, RICHARD MD NAME NAME 1050 SE MONTEREY RD, STE 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART, FL 34994 12. I hereby certify that the information supplied with this filing deep 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 of trustee empowered accurate 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 14, 2006 8:00 am

Secretary of State