

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90227 024 ***150.00

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04232007 Chg-P CR2E034 (12/06)

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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI-Number 65-0682125				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOX, M. LANNING 3473 SE WILLOUGHBY BLVD STUART, FL 34994			7. Name and Address of New Registered Agent 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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAUBERT, JACK MD		NAME	Fier, Robert MD.	
STREET ADDRESS	1050 SE MONTEREY RD STE 104		STREET ADDRESS	1441 SE Ocean Blvd	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	Stuart, FL 34996	
TITLE	Chairman	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, WILLIAM MD		NAME	Anspach William MD	
STREET ADDRESS	1050 SE MONTEREY RD STE 400		STREET ADDRESS	1050 SE Monterey Rd. Ste 400	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	Stuart, FL 34994	
TITLE	V	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAAS, GEORGE MD		NAME	Guzzardo, Gary M.D.	
STREET ADDRESS	1050 SE MONTEREY RD STE 400		STREET ADDRESS	2150 SE Salerno Rd	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	Stuart, FL 34997	
TITLE	V	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIOT, DAVID DO		NAME	Breslauer Craig MD	
STREET ADDRESS	622 SE CENTRAL PKWY		STREET ADDRESS	3087 SW Martin Downs Blvd	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	Palm City, FL 34990	
TITLE	V	<input type="checkbox"/> Delete	TITLE		
NAME	DESMAN, SCOTT MD		NAME		
STREET ADDRESS	1050 SE MONTEREY RD STE 400		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		
NAME	KADINGO, RICHARD MD		NAME		
STREET ADDRESS	1050 SE MONTEREY RD, STE 104		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does 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 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: _____ <i>Robert Fier MD</i> Date: 4/24/07 Daytime Phone: 772/200-8028					