

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000064808

FILED
Mar 05, 2009
Secretary of State

Entity Name: TREASURE COAST SURGERY, INC.

Current Principal Place of Business:

1411 E OCEAN BLVD
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

1411 E OCEAN BLVD
STUART, FL 34996 US

New Mailing Address:

FEI Number: 65-0682125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

CARLSON, WILLIAM MD
1050 SE MONTEREY RD
STE 400
STUART, FL 34994 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: WILLIAM CARLSON, MD

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: DAUBERT, JACK MD
Address: 1050 SE MONTEREY RD STE 104
City-St-Zip: STUART, FL 34994

Title: C () Delete
Name: CARLSON, WILLIAM MD
Address: 1050 SE MONTEREY RD STE 400
City-St-Zip: STUART, FL 34994

Title: V () Delete
Name: WILSON, JOHN
Address: 5141 VIRGINIA WAY, SUITE 420
City-St-Zip: BRENTWOOD, TN 37027 US

Title: V () Delete
Name: KOWALSKI, CATHY
Address: 5141 VIRGINIA WAY, SUITE 420
City-St-Zip: BRENTWOOD, TN 37027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: HAAS, GEORGE MD
Address: 1050 SE MONTEREY RD STE 400
City-St-Zip: STUART, FL 34996 US

Title: V (X) Change () Addition
Name: ELLIOT, DAVID DO
Address: 622 SE CENTRAL PARKWAY
City-St-Zip: STUART, FL 34994 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM CARLSON, MD

CEO

03/05/2009

Electronic Signature of Signing Officer or Director

Date