

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000064808

FILED  
Mar 21, 2011  
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:

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

## Name and Address of New Registered Agent:

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JACK DAUBERT, MD

MR

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date