

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S96746

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** SURGICAL SPECIALIST OF TREASURE COAST, P.A.

**Current Principal Place of Business:**

2215 NEBRASKA AVENUE  
SUITE 1A  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

2215 NEBRASKA AVENUE  
SUITE 1A  
FORT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 65-0296848      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SINGH, ROSHAN LALTA HIRA  
2215 NEBRASKA AVENUE  
SUITE 1A  
FORT PIERCE, FL 34950 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: PSD  
Name: SINGH, ROSHAN  
Address: 2215 NEBRASKA AVE STE 1A  
City-St-Zip: FT. PIERCE, FL 34950

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: ROSHAN SINGH

P

04/12/2011

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

\_\_\_\_\_ Date