

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000085756

**Entity Name:** TREASURE COAST SURGICAL CENTER, INC.

**Current Principal Place of Business:**

1811 S. 25TH STREET  
FT PIERCE, FL 34947

**Current Mailing Address:**

1811 S. 25TH STREET  
FT PIERCE, FL 34947

**FEI Number: 26-0770428**

**Certificate of Status Desired:** No

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

KATTA, JOSEPH J  
1811 S. 25TH STREET  
FT PIERCE, FL 34947 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DR  
Name KATTA, JOSEPH J  
Address 1811 S. 25TH STREET  
City-State-Zip: FT PIERCE FL 34947

*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: KATTA,JOSEPH,J**

**DR**

**04/18/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date