

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # K96469

1. Entity Name
CENTRAL FLORIDA SURGICAL CENTERS, INC.



Principal Place of Business

11140 W. COLONIAL DR.
STE 3
OCOE, FL 34761

Mailing Address

3885 OAKWATER CIR
ORLANDO, FL 32806



03162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2961899	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AGGARWAL, AVANISH M
3885 OAKWATER CIR
SUITE 2
ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000912017
05/07/08-80063-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MENENDEZ, ALEX
STREET ADDRESS	3885 OAKWATER CIR
CITY - ST - ZIP	ORLANDO, FL
TITLE	VDP
NAME	FEUER, KENNETH R
STREET ADDRESS	3895 OAKWATER CIRCLE
CITY - ST - ZIP	ORLANDO, FL
TITLE	D
NAME	BRINT, STEVEN
STREET ADDRESS	3885 OAK WATER CIR.
CITY - ST - ZIP	ORLANDO, FL 32806
TITLE	D
NAME	BAKER, ROBERT
STREET ADDRESS	3885 OAK WATER CIR.
CITY - ST - ZIP	ORLANDO, FL 32806
TITLE	D
NAME	DUMOIS, RICHARD
STREET ADDRESS	3885 OAKWATER CIRCLE
CITY - ST - ZIP	ORLANDO, FL 32806
TITLE	D
NAME	AGGARWAL, AVANISH
STREET ADDRESS	3885 OAKWATER CIRCLE
CITY - ST - ZIP	ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth Feuer Kenneth Feuer 4/17/08 (407) 472-5095