

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90023 017 ***158.75

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

40059060



DOCUMENT # P02000035694 1. Entity Name WATERSIDE ANESTHESIA SERVICES, INC.			
Principal Place of Business 2001 N. FLAGLER DRIVE WEST PALM BEACH, FL 33407		Mailing Address 2001 N. FLAGLER DRIVE WEST PALM BEACH, FL 33407	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04012008		Chg-P	
CR2E034 (12/06)		4. FEI Number 02-0579604	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/>	
\$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent KNIGHT, NEAL W JR. 340 ROYAL POINCIANA PLAZA SUITE 321 PALM BEACH, FL 33480	
7. Name and Address of New Registered Agent Name Neal W. Knight, Jr Street Address (P.O. Box Number is Not Acceptable) 840 U.S. Highway One Suite 100 City North Palm Beach		State FL Zip Code 33408	
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Neal W. Knight, Jr. <small>(NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KRUMHOLZ, STEVEN 2001 N. FLAGLER DRIVE WEST PALM BEACH, FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Steven Krumholz <small>Date</small>	
Date		04/01/08 <small>Daytime Phone #</small>	
561 659 6543			