

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000061763**

1. Entity Name  
CITRUS AMBULATORY SURGERY CENTER, INC.



Principal Place of Business  
2861 DELANEY AVE  
ORLANDO, FL 32806

Mailing Address  
3885 OAKWATER CIR., SUITE 2  
ORLANDO, FL 32806



03062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-4498467**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

AGGARWAL, AVANISH  
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**

00000000000000000000  
06/02/08-80054-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME AGGARWAL, AVANISH  
STREET ADDRESS 3885 OAKWATER CIR., SUITE 2  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE D  
NAME BAKER, ROBERT T  
STREET ADDRESS 3885 OAKWATER CIR., SUITE 2  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE D  
NAME BRINT, STEVEN L  
STREET ADDRESS 3885 OAKWATER CIR., SUITE 2  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE D  
NAME DUMOIS, RICHARD  
STREET ADDRESS 3885 OAKWATER CIR., SUITE 2  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE D  
NAME FEUER, KENNETH R  
STREET ADDRESS 3885 OAKWATER CIR., SUITE 2  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE D  
NAME MENENDEZ, ALEX  
STREET ADDRESS 3885 OAKWATER CIR., SUITE 2  
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 persons empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/08 (407) 472-5095