

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90012 008 ***158.75

DOCUMENT # S02555

1. Entity Name

WATERSIDE AMBULATORY SURGICAL CENTER, INC.



Principal Place of Business

**2001 N. FLAGLER DR.
WEST PALM BEACH, FL 33407**

Mailing Address

**2001 N. FLAGLER DR.
WEST PALM BEACH, FL 33407**

54038593



02232004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0270415

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KNIGHT, NEAL W., JR.
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KRUMHOLZ, STEVEN
2001 N FLAGLER DR
WEST PALM BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

4/13/04

561 659 6543