


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

04-04-2008 90031 011 \*\*\*158.75

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # S02555</b> 1. Entity Name <b>WATERSIDE AMBULATORY SURGICAL CENTER, INC.</b>	
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Principal Place of Business <b>2001 N. FLAGLER DR.          WEST PALM BEACH, FL 33407</b>	Mailing Address <b>2001 N. FLAGLER DR.          WEST PALM BEACH, FL 33407</b>
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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

40055400



04012008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0270415</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  KNIGHT, NEAL W., JR. 340 ROYAL POINCIANA PLAZA SUITE 321 PALM BEACH, FL 33480	<b>7. Name and Address of New Registered Agent</b> Name: <u>Neal W. Knight, Jr.</u> Street Address (P.O. Box Number is Not Acceptable): <u>640 US Highway One</u> <u>Suite 100</u> City: <u>North Palm Beach</u> <b>FL</b> Zip: <u>33408</u>
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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: *Neal W. Knight, Jr.* **Neal W. Knight, Jr.** 04/01/08  
Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUMHOLZ, STEVEN	NAME	
STREET ADDRESS	2001 N FLAGLER DR	STREET ADDRESS	<u>WEST PALM BEACH, FL 33407</u>
CITY-ST-ZIP	WEST PALM BEACH, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Steven Krumholz* **Steven Krumholz** 04/01/08 561 659 6543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #