

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S02555

FILED
Feb 13, 2012
Secretary of State

Entity Name: WATERSIDE AMBULATORY SURGICAL CENTER, INC.

Current Principal Place of Business:

2001 NORTH FLAGLER DR.
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

2001 NORTH FLAGLER DR.
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0270415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUMHOLZ, STEVEN
2001 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: KRUMHOLZ, STEVEN
Address: 2001 N FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN KRUMHOLZ

D

02/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date