

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S75220

1. Entity Name

OAKWATER SURGICAL CENTER, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90954 042 ***150.00

Principal Place of Business
3885 OAKWATER CIRCLE
SUITE 2
ORLANDO FL 32806

Mailing Address
3885 OAKWATER CIRCLE
SUITE 2
ORLANDO FL 32806-6264

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3093320

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLT, SHAMUS M.
3885 OAKWATER CIRCLE
SUITE 2
ORLANDO FL 32806

Name Robert Baker

Street Address (P.O. Box Number is Not Acceptable)

3885 oak water circle

City Orlando

FL

Zip Code 32806

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.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME COTTRELL, C. RAYMOND
STREET ADDRESS 3885 OAKWATER CR.
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME CAOS, ANTONIO
STREET ADDRESS 3885 OAKWATER CR.
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME FEUER, KENNETH R
STREET ADDRESS 3885 OAKWATER CR.
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME BAKER, ROBERT T.
STREET ADDRESS 3885 OAKWATER CR.
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME MENENDEZ, ALEX
STREET ADDRESS 3885 OAKWATER CR
CITY-ST-ZIP ORLANDO FL

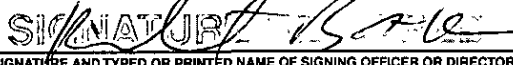
TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 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 #