2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # S75220

1. Entity Name
OAKWATER SURGICAL CENTER, INC.

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

DO NOT WRITE IN THIS SPACE

03182008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3093320
☐ 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 CIRCLE, SUITE 2
ORLANDO, FL 32806

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000948642
06/02/08-80063-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUMOIS, M.D., RICHARD
STREET ADDRESS	3885 OAKWATER CR.
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	P
NAME	BRINT, STEVEN
STREET ADDRESS	3885 OAKWATER CR.
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	VPD
NAME	FEUER, KENNETH R
STREET ADDRESS	3885 OAKWATER CR.
CITY-ST-ZIP	ORLANDO, FL
TITLE	SD
NAME	BAKER, ROBERT T.
STREET ADDRESS	3885 OAKWATER CR.
CITY-ST-ZIP	ORLANDO, FL
TITLE	TD
NAME	MENENDEZ, ALEX
STREET ADDRESS	3885 OAKWATER CR
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	AGGARWAL, AVANISH
STREET ADDRESS	3883 OAK WATER CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32806

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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: Kenneth Feuer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #