2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# S75220

Entity Name: OAKWATER SURGICAL CENTER, INC.

Current Principal Place of Business:

3885 OAKWATER CIRCLE
SUITE 2
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

3885 OAKWATER CIRCLE
SUITE 2
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3093320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGGARWAL, AVANISH
3885 OAKWATER CIRCLE, SUITE 2
ORLANDO, FL 32806 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DUMOIS, M.D., RICHARD	
Address:	3885 OAKWATER CR.	
City-St-Zip:	ORLANDO, FL 32806	
Title:	P	( ) Delete
Name:	BRINT, STEVEN	
Address:	3885 OAKWATER CR.	
City-St-Zip:	ORLANDO, FL 32806	
Title:	VPD	( ) Delete
Name:	FEUER, KENNETH R	
Address:	3885 OAKWATER CR.	
City-St-Zip:	ORLANDO, FL	
Title:	SD	( ) Delete
Name:	BAKER, ROBERT T.	
Address:	3885 OAKWATER CR.	
City-St-Zip:	ORLANDO, FL	
Title:	TD	( ) Delete
Name:	MENENDEZ, ALEX	
Address:	3885 OAKWATER CR	
City-St-Zip:	ORLANDO, FL	
Title:	D	( ) Delete
Name:	AGGARWAL, AVANISH	
Address:	3883 OAK WATER CIRCLE	
City-St-Zip:	ORLANDO, FL 32806	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AVANISH AGGARWAL D 04/01/2009

Electronic Signature of Signing Officer or Director — Date