

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000012540

**Entity Name:** O.N.E. SURGICAL CORP. OF CENTRAL FLORIDA

**Current Principal Place of Business:**

2966 EAGLE ESTATES CIRCLE WEST  
CLEARWATER, FL 33761

**Current Mailing Address:**

POST OFFICE BOX 14255  
CLEARWATER, FL 33766

**FEI Number:** 59-3626614

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHARF, MATTHEW  
2966 EAGLE ESTATES CIRCLE WEST  
CLEARWATER, FL 33761 US

*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

**Officer/Director Detail :**

Title	P	Title	VP
Name	SHARF, ARLENE J	Name	SHARF, MATTHEW
Address	2966 EAGLE ESTATES CIRCLE WEST	Address	2966 EAGLE ESTATES CIRCLE WEST
City-State-Zip:	CLEARWATER FL 33761	City-State-Zip:	CLEARWATER FL 33761

*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:** MATTHEW SHARF

VP

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date