

2017 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

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date