2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2025
Secretary of State
1744625288CC

DOCUMENT# P20000072691

Entity Name: BLUE WATER ORAL SURGERY CENTER, P.A.

Current Principal Place of Business:

4400 EAST HWY 20
STE 111
NICEVILLE, FL 32578

Current Mailing Address:

4400 EAST HWY 20
STE 111
NICEVILLE, FL 32578 US

FEI Number: 85-3378726

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRELSON, BRADLEY D D.M.D.
1672 SAINT LAWRENCE DRIVE
NICEVILLE, FL 32578 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	T
Name	HARRELSON, BRADLEY D D.M.D.	Name	HARRELSON, BRADLEY D D.M.D.
Address	4400 EAST HWY 20 STE 111	Address	4400 EAST HWY 20 STE 111
City-State-Zip:	NICEVILLE FL 32578	City-State-Zip:	NICEVILLE FL 32578

Title	S
Name	HARRELSON, BRADLEY D D.M.D.
Address	4400 EAST HWY 20 STE 111
City-State-Zip:	NICEVILLE FL 32578

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: BRADLEY D HARRELSON OWNER 03/11/2025

Electronic Signature of Signing Officer/Director Detail — Date