

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S02555

**Entity Name:** WATERSIDE AMBULATORY SURGICAL CENTER, INC.

**Current Principal Place of Business:**

2001 NORTH FLAGLER DR.  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

2001 NORTH FLAGLER DR.  
WEST PALM BEACH, FL 33407

**FEI Number: 65-0270415**

**Certificate of Status Desired: No**

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

KRUMHOLZ, STEVEN  
2001 NORTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33407 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            PRESIDENT  
Name            KRUMHOLZ, STEVEN  
Address        2001 N FLAGLER DR  
City-State-Zip: WEST PALM BEACH FL 33407

*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: STEVEN KRUMHOLZ**

**PRESIDENT**

**04/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date