

2013 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 D
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

DIRECTOR

03/04/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date