

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000220743

**Entity Name:** WATERSIDE AMBULATORY SURGICAL CENTER LLC

**Current Principal Place of Business:**

2001 N FLAGLER DR  
W PALM BEACH, FL 33407

**Current Mailing Address:**

2001 N FLAGLER DR  
W PALM BEACH, FL 33407 US

**FEI Number:** 65-0270415

**Certificate of Status Desired:** No

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

KRUMHOLZ, STEVEN MD  
2001 N FLAGLER DR  
W 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

**Authorized Person(s) Detail :**

Title MGR  
Name KRUMHOLZ, STEVEN MD  
Address 2001 N FLAGLER DR  
City-State-Zip: W 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN KRUMHOLZ

**MANAGER**

**03/09/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date