

2019 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

04/05/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date