FILED
Jun 26, 2006 8:00 am
Secretary of State

03-27-2006 90047 047 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000069721

1. Entity Name
RIVERWALK ANESTHESIA, LLC

Principal Place of Business
6171 NO METRO DRIVE, #2
FT. MYERS, FL 33905

Mailing Address
6171 NO METRO DRIVE, #2
FT. MYERS, FL 33905

30011221

02232008 Chg-LLC CR2E080 (11/05)

4. FEI Number 20-3153133 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KISHBAUGH, TROY A ESQ.
C/O GRAY ROBINSON, PA.
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Registered agent or president or other officer of registered agent (for the firm if applicable) (with "Registered Agent" or "Registered Agent" indicated under signature) Date

Filing Fee is $50.00
Date by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGERS or MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

Title
Name
Street Address
City-St-Zip

Vicki Digby Manager ☐ Change ☐ Add/Del
5463 Heritage Castle Dr
Ft Myers, FL 33907

☐ Delete ☐ Change ☐ Add/Del

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: [signature] 3-22-06 2392279955

Signature and Title or Name and Date of Member, Manager, Receiver, or Authorized Representative Date Telephone Number