


**2007 LIMITED LIABILITY COMPANY,
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000069721 1. Entity Name RIVERWALK ANESTHESIA, LLC	
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Principal Place of Business 6171 MID METRO DRIVE, UNIT #2 FT. MYERS, FL 33912	Mailing Address 6171 MID METRO DRIVE, UNIT #2 FT. MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



02072007 No Chg-LLC

GR2E083 (11/05)

4. FEI Number 20-3153133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

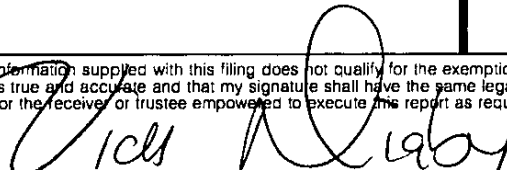
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIGBY, VICKI 5463 HAIRLOWE CASTLE DR FORT MYERS, FL 33907
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02/28/07-80094-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:  **2-15-07 2392789955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #