

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069721

FILED
Jan 12, 2009
Secretary of State

Entity Name: RIVERWALK ANESTHESIA, LLC

Current Principal Place of Business:

6241 ARC WAY
FT. MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

6241 ARC WAY
FT. MYERS, FL 33966

New Mailing Address:

FEI Number: 20-3153133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

CHAIRES, GREG
C/O GRAY ROBINSON, PA.
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801 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: GREG CHAIRES

01/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIGBY, VICKI
Address: 5463 HAIRLOWE CASTLE DR
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DIGBY, VICKI
Address: 5463 HARBORE CASTLE DR
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: VICKI DIGBY

MGR

01/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date