

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076816

FILED
Apr 23, 2009
Secretary of State

Entity Name: RIVERWALK AMBULATORY SURGERY CENTER, LLC

Current Principal Place of Business:

200 THIRD AVENUE WEST
SUITE 200
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

200 THIRD AVENUE WEST
SUITE 200
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 26-0594903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY ESQUIRE
202 S. ROME AVENUE
SUITE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TALLY, WILLIAM J III
Address: 200 3RD AVE W, SUITE 200
City-St-Zip: BRADENTON, FL 34205 US

Title: MGR () Delete
Name: KING, MICHAEL A
Address: 200 3RD AVE W, SUITE 200
City-St-Zip: BRADENTON, FL 34205 US

Title: MGR () Delete
Name: TALLY, PHILIP W
Address: 200 3RD AVE W, SUITE 200
City-St-Zip: BRADENTON, FL 34205 US

Title: MGR () Delete
Name: HILL, G A
Address: 200 3RD AVE W, SUITE 210
City-St-Zip: BRADENTON, FL 34205 US

Title: MGR () Delete
Name: MILLER, ALAN K
Address: 200 3RD AVE W, SUITE 210
City-St-Zip: BRADENTON, FL 34205 US

Title: MGR () Delete
Name: HERRMAN, EDWARD
Address: 200 3RD AVE W, SUITE 210
City-St-Zip: BRADENTON, FL 34205 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM J TALLY III

MGR

04/23/2009

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