

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029155

FILED
Mar 04, 2009
Secretary of State

Entity Name: RIVERSIDE SURGICAL CENTER, LLC

Current Principal Place of Business:

4339 ROOSEVELT BLVD.
JACKSONVILLE, FL 32210

New Principal Place of Business:

7207 GOLDEN WINGS ROAD
2
JACKSONVILLE, FL 32244

Current Mailing Address:

4339 ROOSEVELT BLVD.
JACKSONVILLE, FL 32210

New Mailing Address:

4339 ROOSEVELT BLVD.
4
JACKSONVILLE, FL 32210

FEI Number: 26-2228384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMARICH, S. SCOTT MD
4339 ROOSEVELT BLVD.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

KRAMARICH, S. SCOTT MD
4339 ROOSEVELT BLVD.
4
JACKSONVILLE, FL 32210 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: STEPHEN S KRAMARICH

03/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KRAMARICH, S. SCOTT MD
Address: 4339 ROOSEVELT BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR () Delete
Name: KRAMARICH, CRAIG A MD
Address: 4339 ROOSEVELT BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
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: STEPHEN S KRAMARICH

PRES

03/04/2009

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