

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029155

FILED
Mar 09, 2011
Secretary of State

Entity Name: RIVERSIDE SURGICAL CENTER, LLC

Current Principal Place of Business:

7207 GOLDEN WINGS ROAD
2
JACKSONVILLE, FL 32244

New Principal Place of Business:

7207 GOLDEN WINGS ROAD
200
JACKSONVILLE, FL 32244

Current Mailing Address:

7207 GOLDEN WINGS ROAD
2
JACKSONVILLE, FL 32244

New Mailing Address:

7207 GOLDEN WINGS ROAD
200
JACKSONVILLE, FL 32244

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
7207 GOLDEN WINGS ROAD
200
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

KRAMARICH, S. SCOTT MD
7207 GOLDEN WINGS ROAD
200
JACKSONVILLE, FL 32244 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:

03/09/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KRAMARICH, S. SCOTT MD
Address: 7207 GOLDEN WINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR
Name: KORNICK, CRAIG A MD
Address: 7207 GOLDEN WINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

I hereby 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: WANDA LAWRENCE-JONES

MGR

03/09/2011

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