

2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000029155

FILED
Jun 29, 2012
Secretary of State

Entity Name: RIVERSIDE SURGICAL CENTER, LLC

Current Principal Place of Business:

7207 GOLDEN WINGS ROAD
200
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

7207 GOLDEN WINGS ROAD
200
JACKSONVILLE, FL 32244

New Mailing Address:

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:

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
Name: KRAMARICH, S. SCOTT MD
Address: 7207 GOLDEN WINGS RD., STE 200
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR
Name: KORNICK, CRAIG A MD
Address: 7207 GOLDEN WINGS RD., STE 200
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR
Name: PATEL, RONAK A DO
Address: 7207 GOLDEN WINGS RD., STE 200
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

06/29/2012

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