2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# L11000127317

Entity Name: RIVERCITY SURGICAL INSTITUTE, LLC

Current Principal Place of Business:

8767 PERIMETER PARK BLVD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8767 PERIMETER PARK BLVD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 45-3759991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WODRICH, MICHAEL A
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE, FL 32207 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: MGRM
Name: ROBERT CYWES, M.D.
Address: 8825 PERIMETER PARK BLVD SUITE 101
City-St-Zip: JACKSONVILLE, FL 32246 US

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 Statues.

SIGNATURE: ROBERT CYWES, MD MGRM 04/30/2012

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