

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S03951 (8)
 1. Corporation Name
RIVERWALK SURGERY CENTER INC.

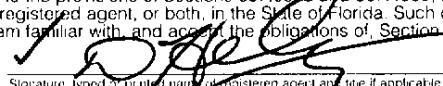


Principal Place of Business 8350 RIVER WALK PARK BLVD SUITE 1 FORT MYERS FL 33919 US	Mailing Address 8350 RIVERWALK PARK BLVD STE 2 FORT MYERS FL 33919-8759 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/04/1990		3a. Date of Last Report 02/06/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc. # 4		4. FEI Number 65-0227636		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FIFER, JOHN S. 8350 RIVERWALK BLVD STE 1 FORT MYERS FL 33919				10. Name and Address of New Registered Agent			
				81. Name David Heligman			
				82. Street Address (P.O. Box Number is Not Acceptable) 8350 Riverwalk Park Blvd. Ste 1			
				83.			
				84. City Fort Myers FL 85. Zip Code 33919			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0506, Florida Statutes.

SIGNATURE  DATE **2-11-97**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIFER, JOHN S.			1.2 NAME			
STREET ADDRESS	8350 RIVERWALK PARK BLVD STE 1			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDNER, RONALD			2.2 NAME			
STREET ADDRESS	8350 RIVERWALK PARK BLVD STE 3			2.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EISENFELD, LARRY S.			3.2 NAME			
STREET ADDRESS	8350 RIVERWALK BLVD STE 3			3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELIGMAN, DAVID			4.2 NAME			
STREET ADDRESS	8650 RIVERWALK PARK BLVD STE 1			4.3 STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE  DATE **2-11-97** **811-487-5399**

CR2E034 (9/96)