

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90032 001 ***150.00

DOCUMENT # S03951

1. Entity 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
#4
FORT MYERS FL 33919
US



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0227636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID HELIGMAN
8350 RIVERWALK BLVD STE 1
FORT MYERS FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FIFER, JOHN S.
STREET ADDRESS 8350 RIVERWALK PARK BLVD STE 1
CITY-ST-ZIP FORT MYERS FL

TITLE D ☐ Change ☒ Addition
NAME Markovich, George
STREET ADDRESS 8350 Riverwalk Park Blvd. #1
CITY-ST-ZIP Fort Myers, FL 33919

TITLE D ☐ Delete
NAME GARDNER, RONALD
STREET ADDRESS 2531 CLEVELAND AVE.
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☐ Change ☐ Addition
NAME Mehalik, John
STREET ADDRESS 8350 Riverwalk Park Blvd #3
CITY-ST-ZIP Fort Myers, FL 33919

TITLE D ☐ Delete
NAME EISENFELD, LARRY S.
STREET ADDRESS 8350 RIVERWALK BLVD STE 3
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HELIGMAN, DAVID
STREET ADDRESS 8650 RIVERWALK PARK BLVD STE 1
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GOMEZ, EDUARDO
STREET ADDRESS 8350 RIVERWALK PARK BLVD #1
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FARMER, MARK
STREET ADDRESS 8350 RIVERWALK PARK BLVD #3
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-04