

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90065 036 \*\*\*150.00

**40009365**



01252005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # S03951</b> 1. Entity Name <b>RIVERWALK SURGERY CENTER INC.</b>					
Principal Place of Business <b>8350 RIVER WALK PARK BLVD SUITE 1 FORT MYERS, FL 33919 US</b>			Mailing Address <b>8350 RIVERWALK PARK BLVD #4 FORT MYERS, FL 33919 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>#3</b>		3. Mailing Address Suite, Apt. #, etc. <b>#1</b>		4. FEI Number <b>65-0227636</b> <div style="float: right; border: 1px solid black; padding: 2px;">             Applied For              Not Applicable         </div>	
City & State		City & State			
Zip Country		Zip Country			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>DAVID HELIGMAN 8350 RIVERWALK BLVD STE 1 FORT MYERS, FL 33919</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIFER, JOHN S. 8350 RIVERWALK PARK BLVD STE 1 FORT MYERS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Markovich, George 8350 Riverwalk Park Blvd #1 Fort Myers FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, RONALD 2531 CLEVELAND AVE. FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mehalik, John 8350 Riverwalk Park Blvd. #3 Fort Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISENFELD, LARRY S. 8350 RIVERWALK BLVD STE 3 FORT MYERS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELIGMAN, DAVID 8650 RIVERWALK PARK BLVD STE 1 FORT MYERS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, EDUARDO 8350 RIVERWALK PARK BLVD #1 FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARMER, MARK 8350 RIVERWALK PARK BLVD #3 FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-26-05 239-482-5399 <small>Date Daytime Phone #</small>		