


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90093 031 ***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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DAVID HELIGMAN 8350 RIVERWALK BLVD STE 1 FORT MYERS FL 33919		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 RICHARD HOOD 8350 RIVERWALK PARK BLVD STE 1 FORT MYERS, FL <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 SANDRA COLLINS 8350 RIVERWALK PARK BLVD STE 3 FORT MYERS, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D MARKOVICH, GEORGE 8350 RIVERWALK PARK BLVD., STE. 1 FORT MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D JOHN MEHALIK 8350 RIVERWALK PARK BLVD STE 3 FORT MYERS, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 an other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #