

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**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**



01282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**DAVID HELIGMAN  
8350 RIVERWALK BLVD STE 1  
FORT MYERS, FL 33919**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIFER, JOHN S. 8350 RIVERWALK PARK BLVD STE 1 FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, RONALD 2531 CLEVELAND AVE. FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKOVICH, GEORGE 8350 RIVERWALK PARK BLVD., STE. 1 FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELIGMAN, DAVID 8650 RIVERWALK PARK BLVD STE 1 FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, EDUARDO 8350 RIVERWALK PARK BLVD #1 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARMER, MARK 8350 RIVERWALK PARK BLVD #3 FORT MYERS, FL 33919

000000866233  
04/08/08-80021-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/08

239-489-4909