2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S03951

Entity Name: RIVERWALK SURGERY CENTER INC.

FILED Jan 06, 2009 Secretary of State

Current Pr	incipal Place	of Business:	New Prince	cipal Place of Business:
	R WALK PARK	BLVD		
SUITE 1 FORT MYE	RS, FL 33919	US		
Current Ma	ailing Address	:	New Maili	ng Address:
8350 RIVE	RWALK PARK	BI VD	8350 RIVE	R WALK PARK BLVD
#4 FORT MYERS, FL 33919 US		SUITE 1		
FEI Number:	•	FEI Number Applied For ()	FEI Number Not App	
		,		
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:
	LIGMAN RWALK BLVD : RS, FL 33919			
The above in the State		ubmits this statement for the p	urpose of changing i	its registered office or registered agent, or both,
SIGNATUR	RE:			
	Electronic	Signature of Registered Age	nt	Date
Election Cam	paign Financing	Trust Fund Contribution ().		
OFFICERS	AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS
Title:	D ()[Delete	Title:	DR (X) Change () Addition
Name: Address: City-St-Zip:	FIFER, JOHN S., 8350 RIVERWAL FORT MYERS, F	K PARK BLVD STE 1	Name: Address: City-St-Zip:	FIFER, JOHN S., 8350 RIVERWALK PARK BLVD STE 1 FORT MYERS, FL
Title:	D ()	Delete	Title:	DR (X) Change () Addition
Name:	GARDNER, RON		Name: Address:	GARDNER, RONALD, 2531 CLEVELAND AVE.
Address: City-St-Zip:	2531 CLEVELAN FORT MYERS, F			
		L 33901	City-St-Zip:	FORT MYERS, FL 33901
Title:	. ,	Delete		FORT MYERS, FL 33901 DR (X) Change () Addition
Name:	MARKOVICH, GE	Delete EORGE	City-St-Zip: Title: Name:	FORT MYERS, FL 33901 DR (X) Change () Addition MARKOVICH, GEORGE
	MARKOVICH, GE	Delete EORGE IK PARK BLVD., STE. 1	City-St-Zip: Title:	FORT MYERS, FL 33901 DR (X) Change () Addition
Name: Address: City-St-Zip: Title:	MARKOVICH, GE 8350 RIVERWAL FORT MYERS, F	Delete EORGE IK PARK BLVD., STE. 1 L	City-St-Zip: Title: Name: Address: City-St-Zip: Title:	FORT MYERS, FL 33901 DR (X) Change () Addition MARKOVICH, GEORGE 8350 RIVERWALK PARK BLVD., STE. 1 FORT MYERS, FL DR (X) Change () Addition
Name: Address: City-St-Zip: Title: Name:	MARKOVICH, GE 8350 RIVERWAL FORT MYERS, F D () I HELIGMAN, DAV	Delete EORGE IK PARK BLVD., STE. 1 L Delete ID,	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	FORT MYERS, FL 33901 DR (X) Change () Addition MARKOVICH, GEORGE 8350 RIVERWALK PARK BLVD., STE. 1 FORT MYERS, FL DR (X) Change () Addition HELIGMAN, DAVID,
Name: Address: City-St-Zip: Title:	MARKOVICH, GE 8350 RIVERWAL FORT MYERS, F D () I HELIGMAN, DAV	Delete EORGE IK PARK BLVD., STE. 1 L Delete ID, IK PARK BLVD STE 1	City-St-Zip: Title: Name: Address: City-St-Zip: Title:	FORT MYERS, FL 33901 DR (X) Change () Addition MARKOVICH, GEORGE 8350 RIVERWALK PARK BLVD., STE. 1 FORT MYERS, FL DR (X) Change () Addition
Name: Address: City-St-Zip: Title: Name: Address:	MARKOVICH, GE 8350 RIVERWAL FORT MYERS, F D () I HELIGMAN, DAV 8650 RIVERWAL FORT MYERS, F	Delete EORGE IK PARK BLVD., STE. 1 L Delete ID, IK PARK BLVD STE 1	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	FORT MYERS, FL 33901 DR (X) Change () Addition MARKOVICH, GEORGE 8350 RIVERWALK PARK BLVD., STE. 1 FORT MYERS, FL DR (X) Change () Addition HELIGMAN, DAVID, 8650 RIVERWALK PARK BLVD STE 1
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	MARKOVICH, GE 8350 RIVERWAL FORT MYERS, F D () I HELIGMAN, DAV 8650 RIVERWAL FORT MYERS, F D () I GOMEZ, EDUAR	Delete EORGE K PARK BLVD., STE. 1 L Delete ID, K PARK BLVD STE 1 L Delete	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Name:	FORT MYERS, FL 33901 DR (X) Change () Addition MARKOVICH, GEORGE 8350 RIVERWALK PARK BLVD., STE. 1 FORT MYERS, FL DR (X) Change () Addition HELIGMAN, DAVID, 8650 RIVERWALK PARK BLVD STE 1 FORT MYERS, FL DR (X) Change () Addition GOMEZ, EDUARDO
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	MARKOVICH, GE 8350 RIVERWAL FORT MYERS, F D () I HELIGMAN, DAV 8650 RIVERWAL FORT MYERS, F D () I GOMEZ, EDUAR	Delete EORGE LK PARK BLVD., STE. 1 L Delete ID, LK PARK BLVD STE 1 L Delete DO	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	FORT MYERS, FL 33901 DR (X) Change () Addition MARKOVICH, GEORGE 8350 RIVERWALK PARK BLVD., STE. 1 FORT MYERS, FL DR (X) Change () Addition HELIGMAN, DAVID, 8650 RIVERWALK PARK BLVD STE 1 FORT MYERS, FL DR (X) Change () Addition
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	MARKOVICH, GE 8350 RIVERWAL FORT MYERS, F D () I HELIGMAN, DAV 8650 RIVERWAL FORT MYERS, F D () I GOMEZ, EDUAR 8350 RIVERWAL FORT MYERS, F	Delete EORGE LK PARK BLVD., STE. 1 L Delete ID, LK PARK BLVD STE 1 L Delete DO	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	FORT MYERS, FL 33901 DR (X) Change () Addition MARKOVICH, GEORGE 8350 RIVERWALK PARK BLVD., STE. 1 FORT MYERS, FL DR (X) Change () Addition HELIGMAN, DAVID, 8650 RIVERWALK PARK BLVD STE 1 FORT MYERS, FL DR (X) Change () Addition GOMEZ, EDUARDO 8350 RIVERWALK PARK BLVD #1 FORT MYERS, FL 33919 DR (X) Change () Addition
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MARKOVICH, GE 8350 RIVERWAL FORT MYERS, F D () II HELIGMAN, DAV 8650 RIVERWAL FORT MYERS, F D () II GOMEZ, EDUAR 8350 RIVERWAL FORT MYERS, F D () II FARMER, MARK	Delete EORGE LK PARK BLVD., STE. 1 L Delete ID, LK PARK BLVD STE 1 L Delete DO LK PARK BLVD #1 L 33919 Delete	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	FORT MYERS, FL 33901 DR (X) Change () Addition MARKOVICH, GEORGE 8350 RIVERWALK PARK BLVD., STE. 1 FORT MYERS, FL DR (X) Change () Addition HELIGMAN, DAVID, 8650 RIVERWALK PARK BLVD STE 1 FORT MYERS, FL DR (X) Change () Addition GOMEZ, EDUARDO 8350 RIVERWALK PARK BLVD #1 FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M HELIGMAN DR 01/06/2009