2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000004901

1. Entity Name
RIVERSIDE SPINE & PAIN PHYSICIANS, P.L.

Principal Place of Business	Mailing Address
4339 ROOSEVELT BLVD JACKSONVILLE, FL 32210	4339 ROOSEVELT BLVD JACKSONVILLE, FL 32210

03172004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3046335

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMARICH, STEPHEN S MD
4339 ROOSEVELT BLVD
JACKSONVILLE, FL 32210

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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 _____ MAR 2 4 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

000000097037
03/26/04-80021-024 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KRAMARICH, STEPHEN S MD
STREET ADDRESS	4339 ROOSEVELT BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	MGR
NAME	KORNICK, CRAIG A MD
STREET ADDRESS	4339 ROOSEVELT BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #