

**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.	
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Principal Place of Business 4339 ROOSEVELT BLVD JACKSONVILLE, FL 32210	Mailing Address 4339 ROOSEVELT BLVD JACKSONVILLE, FL 32210
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03172004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3046335	Applied For Not Applicable
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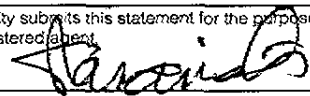
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

KRAMARICH, STEPHEN S MD 4339 ROOSEVELT BLVD JACKSONVILLE, FL 32210
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**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 	DATE MAR 24 2004
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**Filing Fee is \$50.00
Due by May 1, 2004**

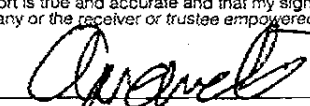
000000097037
03/26/04-80021-024 501.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAMARICH, STEPHEN S MD 4339 ROOSEVELT BLVD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KORNICK, CRAIG A MD 4339 ROOSEVELT BLVD JACKSONVILLE, FL 32210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Date	Daytime Phone #
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