

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-03-2005 90116 001 ****50.00

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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01192005 No Chg-LLC CR2E083 (10/03)

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

**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 01-27-05

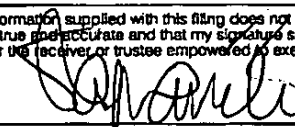
Signature (Type or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$80.00
Due by May 1, 2005**

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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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)(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:  DATE 6/7/05 DAYTIME PHONE 904 389 1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE