

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000004901		
1. Entity Name RIVERSIDE SPINE & PAIN PHYSICIANS, P.L.		
Principal Place of Business 4339 ROOSEVELT BLVD JACKSONVILLE, FL 32210	Mailing Address 4339 ROOSEVELT BLVD JACKSONVILLE, FL 32210	



03192008 No Chg-LLC

CR2E083 (12/07)

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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

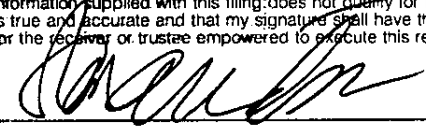
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000869252
04/09/08-80040-022 138.75

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 KORNIC, CRAIG A MD 4339 ROOSEVELT BLVD JACKSONVILLE, FL 32210
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**DO NOT WRITE
IN THIS SPACE**

11. 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 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: 3-20-2008 Daytime Phone #