2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 29, 2012
Secretary of State

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

Current Principal Place of Business:

7207 GOLDEN WINGS RD
SUITE 100
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

7207 GOLDEN WINGS RD
SUITE 100
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 75-3046335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAMARICH, STEPHEN
7207 GOLDEN WINGS RD., STE 100
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KRAMARICH, STEPHEN S MD
Address: 7207 GOLDEN WINGS RD., STE 100
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR
Name: KORNICK, CRAIG A MD
Address: 7207 GOLDEN WINGS RD., STE 100
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR
Name: PATEL, RONAK A DO
Address: 7207 GOLDEN WINGS RD., STE 100
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: WANDA LAWRENCE-JONES MGR 06/29/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date