2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000004901

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

FILED Jul 05, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12058 RISING OAKS COURT 4339 ROOSEVELT BLVD JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32210

Current Mailing Address: New Mailing Address:

12058 RISING OAKS COURT 4339 ROOSEVELT BLVD JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32210

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KRAMARICH, STEPHEN SCOTT

12058 RISING OAKS COURT

JACKSONVILLE, FL 32223

KRAMARICH, STEPHEN S MD

4339 ROOSEVELT BLVD

JACKSONVILLE, FL 32210

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: STEPHEN SCOTT KRAMARICH 07/05/2003

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

 Title:
 () Delete
 Title:
 MGR () Change (X) Addition

 Name:
 Name:
 KRAMARICH, STEPHEN S MD

 Address:
 Address:
 4339 ROOSEVELT BLVD

 City-St-Zip:
 JACKSONVILLE, FL 32210

Title: () Delete Title: MGR () Change (X) Addition

 Name:
 Name:
 KORNICK, CRAIG A MD

 Address:
 Address:
 4339 ROOSEVELT BLVD

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 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 Statutes.

SIGNATURE: STEPHEN SCOTT KRAMARICH MGR 07/05/2003