2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2014
Secretary of State
CC7724137517

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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

Current Mailing Address:

7207 GOLDEN WINGS RD
SUITE 100
JACKSONVILLE, FL 32244

FEI Number: 75-3046335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	KRAMARICH, STEPHEN SMD	Name	KORNICK, CRAIG AMD
Address	7207 GOLDEN WINGS RD., STE 100	Address	7207 GOLDEN WINGS RD., STE 100
City-State-Zip:	JACKSONVILLE FL 32244	City-State-Zip:	JACKSONVILLE FL 32244
Title	MGR	Title	MGR
Name	PATEL, RONAK ADO	Name	STEIGER, J. ADAM
Address	7207 GOLDEN WINGS RD., STE 100	Address	7207 GOLDEN WINGS RD, STE. 100
City-State-Zip:	JACKSONVILLE FL 32244	City-State-Zip:	JACKSONVILLE FL 32244

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEIGER , J. ADAM CFO 02/27/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date