2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000001945

Entity Name: RIVERSIDE HEALTHCARE LTD.

7280 OAKMONT COURT

PONTE VEDRA, FL 32082

Address:

City-St-Zip:

FILED Jan 26, 2010 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
7280 OAKMONT COU PONTE VEDRA, FL 32	• • •			
Current Mailing Address:		New Mailing Address:		
7280 OAKMONT COU PONTE VEDRA, FL 32	• • •			
FEI Number: 59-3465937	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
LESTER, FRED L JR. 7280 OAKMONT COUI PONTE VEDRA BEAC				
The above named entit in the State of Florida.	ry submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both	
SIGNATURE:				
Electr	onic Signature of Registered Age	ent	Date	
GENERAL PARTNER INFORMATION:		ADDRESS CHANGES ONL	Υ:	
Document #: L970000009 Name: L & J OF PV				

Address:

City-St-Zip:

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: FRED LESTER MGR 01/26/2010