


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F59767 1. Entity Name RIVERSIDE ORTHOPAEDICS, P.A.	
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Principal Place of Business 1801 BARRS STR STE 435 JACKSONVILLE, FL 32204 US	Mailing Address 1801 BARRS STR STE 435 JACKSONVILLE, FL 32204 US
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03152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2146133	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SWITZER, HUGH E., JR. 1801 BARRS STR STE 435 JACKSONVILLE, FL 32204

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000491518
04/19/06-80025-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWITZER, HUGH E., JR. 1801 BARRS STR STE 435 JACKSONVILLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/3/06 (904) 3872644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Hugh E. SWITZER, M.D. / President