

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90018 025 \*\*\*150.00

**DOCUMENT # F59767**

1. Entity Name

RIVERSIDE ORTHOPAEDICS, P.A.



Principal Place of Business

1801 BARRS STR

STE 435

JACKSONVILLE FL 32204

US

Mailing Address

1801 BARRS STR

STE 435

JACKSONVILLE FL 32204

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2146133

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWITZER, HUGH E., JR.

1801 BARRS STR

STE 435

JACKSONVILLE FL 32204

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

HUGH E. SWITZER, M.D.

02-10-03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00**

**May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**SECRETARY REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugh E. Switzer M.D. 02/10/03

President

Date

Daytime Phone #

(904) 387-2644