

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004901

FILED  
Mar 09, 2011  
Secretary of State

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

**Current Principal Place of Business:**

7207 GOLDEN WINGS RD., STE 100  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

7207 GOLDEN WINGS RD  
SUITE 100  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

7207 GOLDEN WINGS RD., STE 100  
JACKSONVILLE, FL 32244

**New Mailing Address:**

7207 GOLDEN WINGS RD  
SUITE 100  
JACKSONVILLE, FL 32244

**FEI Number:** 75-3046335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KRAMARICH, STEPHEN S MD  
Address: 7207 GOLDEN WINGS RD., STE 100  
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR  
Name: KORNICK, CRAIG A MD  
Address: 7207 GOLDEN WINGS RD., STE 100  
City-St-Zip: JACKSONVILLE, FL 32244

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 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: WANDA LAWRENCE-JONES

MGR

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date