

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000004901

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

7207 GOLDEN WINGS RD  
SUITE 100  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

7207 GOLDEN WINGS RD  
SUITE 100  
JACKSONVILLE, FL 32244

**New Mailing Address:**

**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

**Title:** MGR  
**Name:** PATEL, RONAK 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

04/30/2012

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