

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90145 007 ****55.00

DOCUMENT # L03000020726

1. Entity Name

RIVERSIDE MEDICAL MANAGEMENT, LLC



Principal Place of Business

1000 RIVERSIDE DR., APT 104B
PALMETTO FL 34221

Mailing Address

1000 RIVERSIDE DR., APT 104B
PALMETTO FL 34221

2. Principal Place of Business

3. Mailing Address

P.O. Box 178

Suite, Apt. #, etc.

City & State

Bradenton FL

Zip

Country

34206-0178 Manatee

4. FEI Number

32-0080572

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

MOORE

CR2E083 (4/04)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTIAGO, VICTOR G ESQ
3119 MANATEE AVE. WEST
BRADENTON FL 34205-3350

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME BECKER, MARK H
STREET ADDRESS 1000 RIVERSIDE DR., APT 104B
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MUELLER, PATRICIA A
STREET ADDRESS 1000 RIVERSIDE DR., APT 104B
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my 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:

Patricia A Mueller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/27/04 941/721-4800