

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000020726

1. Entity Name
RIVERSIDE MEDICAL MANAGEMENT, LLC



Principal Place of Business
**1000 RIVERSIDE DR., APT 104B
PALMETTO FL 34221**

Mailing Address
**PO BOX 178
BRADENTON FL 34206**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E083 (10/05)

4. FEI Number **32-0080572** Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**SANTIAGO, VICTOR G ESQ
3119 MANATEE AVE. WEST
BRADENTON FL 34205-3350**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BECKER, MARK H 1000 RIVERSIDE DR., APT 104B PALMETTO FL 34221 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000522679 05/03/06-80040-011 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUELLER, PATRICIA A 1000 RIVERSIDE DR., APT 104B PALMETTO FL 34221 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* *Patricia A. Mueller* 4/17/06 941-721-4800