

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103182

Entity Name: RIVERSIDE MEDICAL PLAZA, LLC

FILED  
Mar 04, 2009  
Secretary of State

## Current Principal Place of Business:

4339 ROOSEVELT BOULEVARD  
JACKSONVILLE, FL 32210 US

## New Principal Place of Business:

4339 ROOSEVELT BOULEVARD  
4  
JACKSONVILLE, FL 32210 US

## Current Mailing Address:

4339 ROOSEVELT BOULEVARD  
JACKSONVILLE, FL 32210 US

## New Mailing Address:

FEI Number: 20-5764750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORD, BOWLUS, DUSS, MORGAN, KENNEY, ET AL  
10110 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32257 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: MGRM ( ) Delete  
Name: KRAMARICH, STEPHEN S  
Address: 4339 ROOSEVELT BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: MGRM ( ) Delete  
Name: KORNICK, CRAIG A  
Address: 4339 ROOSEVELT BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: STEPHEN S KRAMARICH

PRES

03/04/2009

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