


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90022 005 ****61.25

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DOCUMENT # N42317					
1. Entity Name RIVERSIDE HOSPITAL FOUNDATION, INC.					
Principal Place of Business 9090 BARRISTER CT JACKSONVILLE, FL 32257 US		Mailing Address 9090 BARRISTER CT JACKSONVILLE, FL 32257 US		01092006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3057267 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TOUSEY, CLAY B., JR. 2600 INDEPENDENT SQUARE JACKSONVILLE, FL 32202				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANT, JULIAN		NAME		
STREET ADDRESS	1234 KING STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERN, LESTER		NAME	H. Thomas PLATT, III	
STREET ADDRESS	645 RIVERSIDE AVENUE, STE 466		STREET ADDRESS	4376 Roma Blvd.	
CITY-ST-ZIP	JACKSONVILLE, FL 322014		CITY-ST-ZIP	JAX, FL 32210	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERKING, HELEN		NAME		
STREET ADDRESS	9090 BARRISTER CT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCLAIR, SYLVIA		NAME		
STREET ADDRESS	4222 ORTEGA PLACE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>H. Werking</u>		Date: <u>1/7/06</u>		Daytime Phone #: <u>904 982 3676</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					