


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90068 028 \*\*\*\*61.25

|  |                           |  |   |  |  |
|--|---------------------------|--|---|--|--|
| DOCUMENT # N42317  |                           |  |   |   |  |
| 1. Entity Name<br>RIVERSIDE HOSPITAL FOUNDATION, INC.  |                           |  |   |  |  |
| Principal Place of Business<br>9090 BARRISTER CT<br>JACKSONVILLE, FL 32257 US  |                           | Mailing Address<br>9090 BARRISTER CT<br>JACKSONVILLE, FL 32257 US                |   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                           | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |                           | Suite, Apt. #, etc.  |   |  |  |
| City & State   |                           | City & State   |   |  |  |
| Zip  |                           | Country  |   | 01072008 Chg-NP CR2E037 (12/06)<br>4. FEI Number<br>59-3057267 <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                           | \$8.75 Additional Fee Required   |   |  |  |
| 6. Name and Address of Current Registered Agent  |                           |  | 7. Name and Address of New Registered Agent   |  |  |
| FISHER, TOUSEY, LEAS & BALL, P.A.<br>818 N. A1A<br>SUITE 104<br>PONTE VEDRA BEACH, FL 32082 <i>DELETE</i>  |                           |  | Name <u>HELEN WERKING</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>9090 BARRISTER CT.</u><br>City <u>JACKSONVILLE</u> FL Zip Code <u>32257</u> |  |  |
| 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 _____  |                           |  |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
|  |                           |  | Make check payable to Florida Department of State   |  |  |
| 10. OFFICERS AND DIRECTORS   |                           |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE  | P                         | <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  | 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  | VP                        | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | PLATT, THOMAS III         |  | NAME  |  |  |
| STREET ADDRESS   | 4376 ROMA BLVD.           |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32210    |  | CITY-ST-ZIP   |  |  |
| TITLE  | T                         | <input checked="" type="checkbox"/> Delete                                       | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | CONE, FRED SR             |  | NAME  |  |  |
| STREET ADDRESS   | 50 N. LAURA ST., STE 2600 |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32202    |  | CITY-ST-ZIP   |  |  |
| TITLE  |                           | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |                           |  | NAME  | <u>Tabornathy, James Harry</u>   |  |
| STREET ADDRESS   |                           |  | STREET ADDRESS  | <u>2370 RIVERSIDE AVE</u>  |  |
| CITY-ST-ZIP  |                           |  | CITY-ST-ZIP   | <u>JAX, FL 32204</u>   |  |
| 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>   |                           | HELEN WERKING Sec  |   | 1/2/08 9049823676  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                           | Date   |   | Daytime Phone #  |  |