

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42317

FILED  
Jan 14, 2010  
Secretary of State

**Entity Name:** RIVERSIDE HOSPITAL FOUNDATION, INC.

**Current Principal Place of Business:**

9090 BARRISTER CT  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

9090 BARRISTER CT  
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

FEI Number: 59-3057267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WERKING, HELEN  
9090 BARRISTER CT  
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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PLATT, TOMMY  
Address: 4376 ROMA BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S  
Name: WERKING, HELEN  
Address: 9090 BARRISTER CT  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP  
Name: JAMES, ABERNATHY  
Address: 10407 CENTURION CTRE SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: T  
Name: RANDALL, MANN W  
Address: 200 W. FORSYTH SUITE 1600  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HELEN WERKING

SEC

01/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date