2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2004
Secretary of State

DOCUMENT# P01000092189

Entity Name: RIVERVIEW PEDIATRICS AND FAMILY PRACTICE, INC.

Current Principal Place of Business:

10528 LAKE ST CHARLES BL
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

10528 LAKE ST CHARLES BL
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 59-3754401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARKE, YVONNE
13201 PARKHURST CT.
RIVERVIEW, FL 33569 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: CLARKE, YVONNE J
Address: 13201 PARKHURST CT.
City-St-Zip: RIVERVIEW, FL 33569

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D ( ) Change (X) Addition
Name: SIDDIQUI, MEHAR M
Address: 2544 PARTRIDGE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP ( ) Change (X) Addition
Name: CLARKE, RICHARD A
Address: 13201 PARKHURST COURT
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE J. CLARKE PS 04/24/2004

Electronic Signature of Signing Officer or Director — Date