

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092189

FILED  
May 11, 2005  
Secretary of State

**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:**

CLARKE, YVONNE J  
13201 PARKHURST CT.  
RIVERVIEW, FL 33569 US

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: YVONNE J. CLARKE

05/11/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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

P

05/11/2005

Electronic Signature of Signing Officer or Director

Date