

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092189

FILED
Apr 12, 2007
Secretary of State

Entity Name: RIVERVIEW PEDIATRICS AND FAMILY PRACTICE, INC.

Current Principal Place of Business:

10658 US HIGHWAY 301 SOUTH
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

10658 US HIGHWAY 301 SOUTH
RIVERVIEW, FL 33569

New Mailing Address:

13201 PARKHURST COURT
RIVERVIEW, FL 33569

FEI Number: 59-3754401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKE, YVONNE J
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: 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: D (X) Change () Addition
Name: VILLEGAS, FABIO E
Address: 2901 WILDTREE DR.
City-St-Zip: RIVERVIEW, FL 33569

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 Chapter 119, 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

04/12/2007

Electronic Signature of Signing Officer or Director

Date