

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092189

FILED  
Sep 15, 2009  
Secretary of State

**Entity Name:** RIVERVIEW PEDIATRICS AND FAMILY PRACTICE, INC.

**Current Principal Place of Business:**

10420 US HIGHWAY 301 SOUTH  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

**Current Mailing Address:**

13201 PARKHURST COURT  
RIVERVIEW, FL 33569

**New Mailing Address:**

**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: GARCIA, ROLANDO  
Address: 1717 AVANT STREET  
City-St-Zip: VALRICO, FL 33594

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

Title: S ( ) Delete  
Name: EBANKS, OSMOND U  
Address: 12210 SHADY FOREST DRIVE  
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:

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

I hereby certify that the information supplied with this filing does not qualify 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

P

09/15/2009

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

\_\_\_\_\_  
Date