

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 13 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000046370

1. Corporation Name

RIVERSIDE PHYSICIAN SERVICES, INC.

2. Principal Office Address

300 Riverside Drive East

Suite, Apt. #, etc.

Suite 2700

City & State

Bradenton, FL

Zip

34208

Country

USA

3. Mailing Office Address

300 Riverside Drive East

Suite, Apt. #, etc.

Suite 2700

City & State

Bradenton, FL

Zip

34208

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/26/2002

5. FEI Number

03-0432090

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Blalock, Walters, Held & Johnson, P.A.

Street Address (P.O. Box Number is Not Acceptable)

802 11th Street West

Suite, Apt. #, Etc.

City

Bradenton

State
FL

Zip Code
34205

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Signature of
Registered Agent by:

Jonathan D. Fleece

Date April 5, 2004

Jonathan D. Fleece, V.P. REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Stephen Thompson	2537 Tishman Avenue	North Port, FL 34286
D	Sara Thompson	2537 Tishman Avenue	North Port, FL 34286

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Stephen Thompson

Stephen Thompson, Pres. 4/7/04 941-746-9771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)