

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046370

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: RIVERSIDE PHYSICIAN SERVICES, INC.

## Current Principal Place of Business:

300 RIVERSIDE DRIVE EAST SUITE 2700  
BRADENTON, FL 34208

## New Principal Place of Business:

## Current Mailing Address:

300 RIVERSIDE DRIVE EAST SUITE 2700  
BRADENTON, FL 34208

## New Mailing Address:

1181 S SUMTER BLVD  
PMB 308  
NORTH PORT, FL 34287

FEI Number: 03-0432090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON PA  
300 RIVERSIDE DRIVE EAST SUITE 2700  
BRADENTON, FL 34208 US

## Name and Address of New Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON PA  
802 11TH STREET WEST  
BRADENTON, FL 34208 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:

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: THOMPSON, STEPHEN  
Address: 2537 TISHMAN AVE  
City-St-Zip: NORTH PORT, FL 34286

Title: D ( ) Delete  
Name: THOMPSON, SARA  
Address: 2537 TISHMAN AVE  
City-St-Zip: NORTH PORT, FL 34286

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: THOMPSON, STEPHEN  
Address: 1181 S SUMTER BLVD PMB 308  
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Change ( ) Addition  
Name: THOMPSON, SARA  
Address: 1181 S SUMTER BLVD PMB 308  
City-St-Zip: NORTH PORT, FL 34287

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: STEPHEN THOMPSON

DP

04/18/2005

Electronic Signature of Signing Officer or Director

Date