2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2010
Secretary of State

DOCUMENT# P02000046370

Entity Name: RIVERSIDE PHYSICIAN SERVICES, INC.

Current Principal Place of Business:

1181 S SUMTER BLVB
PMB 308
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

1181 S SUMTER BLVB
PMB 308
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 03-0432090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

R DAVID BUSTARD
200 SOUTH ORANGE AVE
SARASOTA, FL 34236 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: DP
Name: THOMPSON, SARA
Address: 1181 S SUMTER BLVD PMB 308
City-St-Zip: NORTH PORT, FL 34287

I hereby 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 all other like empowered.

SIGNATURE: SARA THOMPSON DP 03/22/2010

Electronic Signature of Signing Officer or Director — Date