2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P03000092656

Entity Name: RIVERSIDE MEDICAL CENTER, PA

Current Principal Place of Business:

2395 SOUTH WASHINGTON AVENUE
TITUSVILLE, FL 32780

New Principal Place of Business:

4987 SOUTH WASHINGTON AVENUE
TITUSVILLE, FL 32780

Current Mailing Address:

1561 GARDEN STREET
SUITE 7-7
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 56-2389983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RIVERSIDE MEDICAL CENTER, PA
2395 SOUTH WASHINGTON AVENUE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

MILEY, JANET E MD
4987 SOUTH WASHINGTON AVENUE
TITUSVILLE, FL 32780 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: MILEY, JANET E, MD 04/15/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILEY, JANET E MD
Address: 2395 SOUTH WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MILEY, JANET E MD
Address: 4987 SOUTH WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32780

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: MILEY, JANET E, MD P 04/15/2005
Electronic Signature of Signing Officer or Director Date