

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

07-06-2005 90033 025 ***150.00

DOCUMENT # P03000115861

1. Entity Name
RIVERWOOD BIOCONSULTING, INC.



Principal Place of Business
15 FAIRFAX CT
PLEASANT HILL, CA 94523-2148

Mailing Address
15 FAIRFAX CT
PLEASANT HILL, CA 94523-2148

66026598



2. Principal Place of Business
314 Woodbine Ave

3. Mailing Address
SAME

08252005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
20-0396140

Applied For
Not Applicable

City & State
METAIRIE, LA

City & State

Zip 70005 Country USA

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COBB, EDGAR R
2508 ANACONDA TR
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

address change
only

10. OFFICERS AND DIRECTORS

TITLE
NAME DR. MOLONY, JANE L ☐ Delete
STREET ADDRESS 15 FAIRFAX CT
CITY-ST-ZIP PLEASANT HILL, CA 945232148

TITLE
NAME DR. COBB, RONALD R ☐ Delete
STREET ADDRESS 15 FAIRFAX CT
CITY-ST-ZIP PLEASANT HILL, CA 945232148

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 314 Woodbine Ave
CITY-ST-ZIP Metairie, LA 70005

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 314 Woodbine Ave
CITY-ST-ZIP Metairie, LA 70005

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jane Molony*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05
Date

504 342-4357
Daytime Phone #