

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115861

Entity Name: RIVERWOOD BIOCONSULTING, INC.

FILED
Jan 06, 2007
Secretary of State

Current Principal Place of Business:

8909 SW 75TH STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

8909 SW 75TH STREET
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 20-0396140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COBB, EDGAR R
2508 ANACONDA TR
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

MOLONY, LESLIE
8909 SW 75TH STREET
GAINESVILLE, FL 32608 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: LESLIE MOLONY

01/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: MOLONY, JANE LESLIE
Address: 8909 SW 75TH STREET
City-St-Zip: GAINESVILLE, FL 32608 US

Title: DR. () Delete
Name: COBB, RONALD R
Address: 8909 SW 75TH STREET
City-St-Zip: GAINESVILLE, FL 32608 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LESLIE MOLONY

DR.

01/06/2007

Electronic Signature of Signing Officer or Director

Date