

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134243

FILED
Apr 23, 2007
Secretary of State

Entity Name: RIVERS FAMILY MEDICINE P.A.

Current Principal Place of Business:

1501 US HWY 441 NORTH
SUITE 1406
THE VILLAGES, FL 32159 US

New Principal Place of Business:

Current Mailing Address:

39233 TACOMA DRIVE
LADY LAKE, FL 32159 US

New Mailing Address:

FEI Number: 20-3566462 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RIVERS, STEVEN J M.D.
39233 TACOMA DRIVE
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

UDICK, ARLENE C ESQ.
109 N. OLD DIXIE HIGHWAY
LADY LAKE, FL 32159 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: ARLENE C. UDICK 04/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIVERS, STEVEN J M.D.
Address: 39233 TACOMA DRIVE
City-St-Zip: LADY LAKE, FL 32159 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ARLENE C. UDICK, ESQ REP 04/23/2007
Electronic Signature of Signing Officer or Director Date