2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134243

Address:

City-St-Zip:

39233 TACOMA DRIVE

LADY LAKE, FL 32159 US

Entity Name: RIVERS FAMILY MEDICINE P.A.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
1501 US HWY 441 NOR SUITE 1406 THE VILLAGES, FL 321		1503 BUENOS AIRES E BUILDING 110 THE VILLAGES, FL 32		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
39233 TACOMA DRIVE LADY LAKE, FL 32159	US			
FEI Number: 20-3566462	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			New Registered Agent:	
UDICK, ARLENE C ESG 109 N. OLD DIXIE HIGH LADY LAKE, FL 32159				
The above named entity in the State of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		nt	Date	
Election Campaign Financin	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P (Name: RIVERS, STEV) Delete /EN J M.D.	Title: (Name:) Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN J RIVERS MD MD 04/24/2009