

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134243

FILED
Jul 07, 2012
Secretary of State

Entity Name: RIVERS FAMILY MEDICINE P.A.

Current Principal Place of Business:

1503 BUENOS AIRES BLVD
BUILDING 110
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 (X)**

Name and Address of Current Registered Agent:

RIVERS, STEVEN J MD
39233 TACOMA DRIVE
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

I hereby 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 all other like empowered.

SIGNATURE: STEVEN RIVERS

P

07/07/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date