

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000000925

1. Entity Name
RIVERSIDE SENIOR CARE, INC



FILED

08 APR 15 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

22712 SW 103 CT
MIAMI, FL 33190

Mailing Address

403 NW 136 PL
MIAMI, FL 33182

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

22712 SW 103 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142008

Chg-P

CR2E034 (12/06)

City & State

City & State
Miami FL

4. FEI Number

20-4805465

Applied For

Not Applicable

Zip

Country

Zip
33190

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARMONA, ONELIO J
403 NW 136 PL
MIAMI, FL 33182

7. Name and Address of New Registered Agent

Name
JOSE A. GARCIA

Street Address (P.O. Box Number is Not Acceptable)

22712 SW 103 CT

City
Miami

FL

Zip Code

33190

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

4-14-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CARMONA, ONELIO J
403 NW 136 PL
MIAMI, FL 33182 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ALFONSO, ANA
403 NW 136 PL
MIAMI, FL 33182 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JOSE A. GARCIA
22712 SW 103 CT
Miami FL 33190 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900123523589
04/15/08--01012--022 **150.00

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08

Date

Daytime Phone #

APR 15 2008