2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114893

City-St-Zip: VALRICO, FL 33596

Entity Name: RIVERVIEW FAMILY MEDICINE, P.A.

FILED Mar 15, 2009 Secretary of State

Current F	Principal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	OYETTE RD EW, FL 33569				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ERFIELD COU), FL 33596	JRT			
FEI Numbe	er: 20-5502554	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1317 RÍVI	DANIEL MD ERFIELD CT D, FL 33596	US			
	e named entity te of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	JRE:				
	Electro	onic Signature of Registered Ag	ent	Date	
Election Ca	ampaign Financi	ng Trust Fund Contribution ().			
OFFICER	RS AND DIRE	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PSTD (JASKO, DANI 1317 RIVERF		Title: Name: Address:	() Change () Addition	

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: DANIEL JASKO MD PSTD 03/15/2009