

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000003225 1. Entity Name RIVERHILLS SERVICE CENTER, INC.	
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Principal Place of Business 6002-B BONACKER DR TAMPA, FL 33610	Mailing Address NORTHDAL E EXECUTIVE CENTER I 3820 NORTHDAL BLVD SUITE 205F TAMPA, FL 33624-1863
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03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3215955	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEHEW, JACK A 3820 NORTHDAL BLVD. 205 D TAMPA, FL 33624	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000262500 03/14/05-80056-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, MARK F 5000 PURITAN RD. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, KIMBERLY K 5000 PURITAN RD. TAMPA, FL 33617
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kimberly K Kelley 3/10/05 813 626-3381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #