

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012662 (0)

1. Corporation Name:

RIVERSIDE PAIN AND REHABILITATION CENTER, INC.



Principal Place of Business

576 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071

Mailing Address

576 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified
02/11/1994

3a. Date of Last Report
07/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0471075

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUDWIG, ALVA
576 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filing officer

(Note: Registered Agent's signature is required when not stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LUDWIG, ARVA
STREET ADDRESS 6437 NW 58 WAY
CITY-ST-ZIP PARKLAND FL

☐ DELETE

TITLE
NAME
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

400001844474
-05/30/96--01054--012
***200.00

5/1/96

SIGNATURE:

Alva Ludwig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

954 755 4440

CR2E034 (12/95)