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FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
594  
594 RIVERSIDE DRIVE  
CORAL SPRINGS FL 33071

Mailing Address  
594  
594 RIVERSIDE DRIVE  
CORAL SPRINGS FL 33071-7049

2. Principal Place of Business

21 594 Riverside Drive

Suite, Apt. #, etc.

22 Coral Springs FL

City & State

23 33071 Broward

Zip

Country

24

2a. Mailing Address

26 594 Riverside Drive

Suite, Apt. #, etc.

27 Coral Springs FL

City & State

28 33071 Broward

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LUDWIG, ALVA  
594 594 RIVERSIDE DRIVE  
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified

02/11/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0471075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Alva Ludwig

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

594 Riverside Dr.

83

Coral Springs

84 City

FL

85 Zip Code

33071

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
LUDWIG, ALVA  
STREET ADDRESS  
6437 NW 58 WAY  
CITY-ST-ZIP  
PARKLAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alva Ludwig President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/97

Daytime Phone #

954-755-4440

0155540

CR2E034 (9/96)