2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# P94000055957

Entity Name: RIVERSIDE PSYCHOLOGICAL GROUP, INC.

Current Principal Place of Business:

1801 UNIVERSITY DR
STE 208
CORAL SPRINGS, FL 33065

New Principal Place of Business:

1801 UNIVERSITY DR
PENTHOUSE STE. A
CORAL SPRINGS, FL 33065

Current Mailing Address:

1801 UNIVERSITY DR
STE 208
CORAL SPRINGS, FL 33065

New Mailing Address:

1801 UNIVERSITY DR
PENTHOUSE STE. A
CORAL SPRINGS, FL 33065

FEI Number: 65-0538345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CIMINO, JOSEPH
6372 NW 42 TERRACE
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

CIMINO, JOSEPH J PSY.D.
6372 NW 42 TERRACE
COCONUT CREEK, FL 33073 US

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.

SIGNATURE: DR. JOSEPH J. CIMINO 01/11/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CIMINO, JOSEPH J DR.
Address: 6372 NW 42ND TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete
Name: DOZINSKY, LARRY
Address: 11759 NW 1ST STREET
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: CIMINO, JOSEPH J DR.
Address: 6372 NW 42ND TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH J. CIMINO DR. 01/11/2006
Electronic Signature of Signing Officer or Director Date