

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P95000072017**  
1. Corporation Name  
**Comprehensive Outpatient Services of Riverside Inc.**

FILED

97 SEP -2 AM 9:04

SECRETARY OF STATE

Principal Place of Business Mailing Address  
**19 Old Mission Avenue 19 Old Mission Avenue**  
**St. Augustine, FL 32084 St. Augustine, FL 32084**

**REINSTATEMENT**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	9-1-1995	4/17/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-3368116	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Cynthia W Durden  
14257 Meddleham Lane  
Jacksonville FL 32223

81 Name	Cynthia W Durden
82 Street Address (P.O. Box Number is Not Acceptable)	
83	1817 Bayside Blvd
84 City	Jacksonville
85 Zip Code	FL 32259

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 **Cynthia W. Durden**

5-17-97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	
NAME	Cynthia W Durden	1.2 NAME	
STREET ADDRESS	1817 Bayside Blvd.	1.3 STREET ADDRESS	300002283329--B
CITY-ST-ZIP	Jacksonville, FL 32259	1.4 CITY-ST-ZIP	-09/02/97--01189--007
TITLE	Vice President	2.1 TITLE	****758.75 ****758.75
NAME	George Durden	2.2 NAME	
STREET ADDRESS	1817 Bayside Blvd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32259	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	300002283329--B
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-09/02/97--01189--008
TITLE		5.1 TITLE	****165.00 ****165.00
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Cynthia W Durden Pres.**