

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90015 046 ***150.00

DOCUMENT #P96000019407

1. Entity Name
RIVERSIDE PROFESSIONAL BILLING SERVICE, INC.



Principal Place of Business
2618 HERSCHEL STREET
JACKSONVILLE, FL 32204 US

Mailing Address
2618 HERSCHEL STREET
JACKSONVILLE, FL 32204 US

54065107



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3376618

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FAIRCHILD, RONALD D
1000 RIVERSIDE AVE
STE 100
JACKSONVILLE, FL 32204

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **GIFFORD, ROGER D**
STREET ADDRESS **2618 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **ASD**
NAME **BANCROFT, JOSIAH W III**
STREET ADDRESS **2618 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **TD**
NAME **FREEMAN, MARC H**
STREET ADDRESS **2618 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **VPD**
NAME **BREAM, PETER**
STREET ADDRESS **2618 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **SD PD**
NAME **DONOHUE, MICHAEL T**
STREET ADDRESS **2618 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **2VPD**
NAME **TOLEDO, ANTHONY S**
STREET ADDRESS **2618 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony S. Toledo, M.D.

Date

Daytime Phone #

7/28/04 904-388-1562

Attachment

54065107

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT #96000019407

Entity: RIVERSIDE PROFESSIONAL BILLING SERVICES, INC.

Additional Officers and Directors

Title: Director
Name: Shill, Ronald
Address: 2618 Herschel Street
City: Jacksonville, Florida 32204

Title: Director
Name: Dunn, Laurence
Address: 2618 Herschel Street
City: Jacksonville, Florida 32204

Title: Director
Name: Luis-Jorge, Juan
Address: 2618 Herschel Street
City: Jacksonville, Florida 32204