


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90027 008 ***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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FAIRCHILD, RONALD D 1000 RIVERSIDE AVE STE 100 JACKSONVILLE, FL 32204				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIFFORD, ROGER D 2618 HERSCHEL STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RONALD SHILL - VILE PRESIDENT 2618 HERSCHEL STREET JACKSONVILLE FLORIDA 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD - T BANCROFT, JOSIAH W III 2618 HERSCHEL STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR JOSEPH LAURENCE DUNN 2618 HERSCHEL STREET JACKSONVILLE FLORIDA 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JB S FREEMAN, MARC H 2618 HERSCHEL STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ASSISTANT TREASURER / D JUAN LUIS TORRE 2618 HERSCHEL STREET JACKSONVILLE FLORIDA 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS D BREAM, PETER 2618 HERSCHEL STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD P DONOHUE, MICHAEL T 2618 HERSCHEL STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WPS O TOLEDO, ANTHONY S 2618 HERSCHEL STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ 2/18/2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					