2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State
05-17-2007 90036 019 ***150.00

DOCUMENT # P96000019407

1. Entity Name
RIVERSIDE PROFESSIONAL BILLING SERVICE, INC.

40115536

04042007 Chg-P CR2E034 (12/06)

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1912 Hamilton St.	PO Box 7426
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.:
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32210 Country: USA	Zip: 32238-7426 Country:

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	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 FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gifford, Roger D 1912 Hamilton St, Suite 201 Jax, FL 32210 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BANCROFT, JOSIAH W III 2618 HERSCHEL STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Bancroft, Josiah W III 1912 Hamilton St Suite 201 Jax, FL 32210 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FREEMAN, MARC H 2618 HERSCHEL STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Freeman, Marc H 1912 Hamilton St, Suite 201 Jax, FL 32210 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREAM, PETER 2618 HERSCHEL STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bream, Peter 1912 Hamilton St, Suite 201 Jax, FL 32210 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DONOHUE, MICHAEL T 2618 HERSCHEL STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Donohue, Michael T 1912 Hamilton St Suite 201 Jax, FL 32210 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOLEDO, ANTHONY S 2618 HERSCHEL STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Toledo, Anthony 1912 Hamilton St, Suite 201 Jax, FL 32210 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Anthony Toledo 4/30/07 904-388-1562
SIGNATURE AND TYPED OR PRINTED NAME OF 9 OMING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

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40115532

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BANCROFT, JOSIAH W III 2618 HERSCHEL STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dunn, Joseph L 1912 Hamilton St, Suite 201 Jax, FL 32210	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FREEMAN, MARC H 2618 HERSCHEL STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #