2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# P96000019407

Entity Name: RIVERSIDE PROFESSIONAL BILLING SERVICE, INC.

Current Principal Place of Business:

1912 HAMILTON ST.
STE 201
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7426
JACKSONVILLE, FL 322387426 US

New Mailing Address:

FEI Number: 59-3376618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GIFFORD, ROGER D
Address: 1912 HAMILTON ST. STE 201
City-St-Zip: JACKSONVILLE, FL 32201

Title: T ( ) Delete
Name: BANCROFT, JOSIAH W III
Address: 1912 HAMILTON ST. STE 201
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete
Name: FREEMAN, MARC H
Address: 1912 HAMILTON ST. STE 201
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: BREAM, PETER
Address: 1912 HAMILTON ST. STE 201
City-St-Zip: JACKSONVILLE, FL 32210

Title: P ( ) Delete
Name: DONOHUE, MICHAEL T
Address: 1912 HAMILTON ST. STE 201
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: TOLEDO, ANTHONY S
Address: 1912 HAMILTON ST. STE 201
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSIAH BANCROFT III, M.D. T 03/26/2008

Electronic Signature of Signing Officer or Director — Date