

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -8 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000019407

1. Corporation Name

RIVERSIDE PROFESSIONAL BILLING SERVICE, INC.

REINSTATEMENT 02-03

200025312242
12/08/03--01014--022 **\$900.00

2. Principal Office Address

2618 Herschel Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32204

Country

USA

3. Mailing Office Address

2618 Herschel Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32204

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/28/96

5. FEI Number

59-3376618

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald D. Fairchild

Street Address (P.O. Box Number is Not Acceptable)

1000 Riverside Avenue

Suite, Apt. #, Etc.

Suite 100

City

Jacksonville

State

FL

Zip Code

32204

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ronald D. Fairchild

Date

10/22/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Roger D. Gifford	2618 Herschel Street	Jacksonville, Florida 32204
VP/D	Peter Bream	2618 Herschel Street	Jacksonville, Florida 32204
S/D	Michael T. Donohue	2618 Herschel Street	Jacksonville, Florida 32204
T/D	Marc H. Freeman	2618 Herschel Street	Jacksonville, Florida 32204
2VP/D	Anthony S. Toledo	2618 Herschel Street	Jacksonville, Florida 32204
Ast.S/D	Josiah W. Bancroft, III	2618 Herschel Street	Jacksonville, Florida 32204

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Roger D. Gifford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/03

Date

904-388-1562

Daytime Phone #

CR2E081 (10/02)

Continuation of #9 - Names and Addresses of Officers and/or Directors

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
Asst.T/D	Juan C. Luis-Jorge	2618 Herschel Street	Jacksonville, FL 32204
D	Scott D. Shill	2618 Herschel Street	Jacksonville, FL 32204
D	Joseph L. Dunn, Jr.	2618 Herschel Street	Jacksonville, FL 32204