

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093196

FILED
Jan 08, 2008
Secretary of State

Entity Name: RIVERSIDE PEDIATRICS, P.A.

Current Principal Place of Business:

5305 STATE RD. 64 EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

5305 STATE RD. 64 EAST
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 65-0875287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERSIDE PEDIATRICS, P.A.
5305 STATE RD 64 E
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

PALACIO, LILIANA MD
5305 STATE RD 64 E
BRADENTON, FL 34208 US

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: LILIANA PALACIO, MD

01/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PALACIO, LILIANA M.D.
Address: 300 RIVERSIDE DR E #1300
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PALACIO, LILIANA M.D.
Address: 5305 STATE RD 64 E
City-St-Zip: BRADENTON, FL 34208

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: LILIANA PALACIO, MD

D

01/08/2008

Electronic Signature of Signing Officer or Director

Date