FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90198 023 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000034618

1. Entity Name
RIVERSIDE FAMILY PRACTICE, P.A.

Principal Place of Business	Mailing Address
13920 PALM BEACH BLVD FT MYERS, FL 33905	P.O BOX 51589 FT. MYERS, FL 33994

DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0916662

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAUTENBACH, PETER
11841 GRAND ISLES LN
FT MYERS, FL 33913

DO NOT WRITE IN THIS SPACE

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 _____ 4/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where noted.) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAUTENBACH, PETER
STREET ADDRESS	13920 PALM BEACH BLVD
CITY-ST-ZIP	FT MYERS, FL 33905
TITLE	Office Manager
NAME	Milly Colon
STREET ADDRESS	13920 Palm Beach Blvd.
CITY-ST-ZIP	Fort Myers, FL. 33905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Peter Lautenbach 4/20/04 (239)694-8173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #