

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

01-20-2005 90035 011 ***150.00

DOCUMENT # P99000034618 1. Entity Name RIVERSIDE FAMILY PRACTICE, P.A.			
Principal Place of Business 13920 PALM BEACH BLVD FORT MYERS, FL 33905		Mailing Address P. O. BOX 51589 FORT MYERS, FL 33994	
2. Principal Place of Business 14651 Palm Beach Blvd.		3. Mailing Address 	
Suite, Apt. #, etc. Suite: 100		Suite, Apt. #, etc. 	
City & State Fort Myers, Florida		City & State 	
Zip 33905		Zip 	
Country Lee		Country 	
4. FEI Number 65-0916662		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAUTENBACH, PETER 11841 GRAND ISLES LANE FORT MYERS, FL 33913		7. Name and Address of New Registered Agent Reynolds, Brian 5829 Casablanca Court Fort Myers FL 33913	
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 <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 01-10-05 <small>(NOTE: Registered Agent signature required when renewing)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME LAUTENBACH, PETER STREET ADDRESS 13920 PALM BEACH BLVD CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete	TITLE 14651 Palm Beach Blvd Suite: 100 NAME Fort Myers, FL 33905 STREET ADDRESS 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE OMGR NAME COLON, MILLY STREET ADDRESS 13920 PALM BEACH BLVD CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 01-10-05 694-8173 <small>Date Daytime Phone #</small>	

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