2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000034618

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

Principal Place of Business	Mailing Address
14651 PALM BEACH BLVD STE 100 FORT MYERS, FL 33905	P. O. BOX 51589 FORT MYERS, FL 33994

DO NOT WRITE IN THIS SPACE
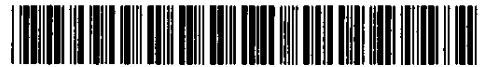
04092008   No Chg-P   CR2E034 (11/05)

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
14651 PALM BEACH BLVD
STE 100
FORT MYERS, FL 33905

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 _____ Peter Lautenbach 4-9-08
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	CEOP
NAME	LAUTENBACH, PETER
STREET ADDRESS	14651 PALM BEACH BLVD, STE 100
CITY-ST-ZIP	FORT MYERS, FL 33905

TITLE	
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STREET ADDRESS	
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04/25/08-80022-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4-9-08 694-7887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #