

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000034618

FILED
Oct 04, 2010
Secretary of State

Entity Name: RIVERSIDE FAMILY PRACTICE, P.A.

Current Principal Place of Business:

14651 PALM BEACH BLVD
STE 100
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 51589
FORT MYERS, FL 33994

New Mailing Address:

FEI Number: 65-0916662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUTENBACH, PETER
14651 PALM BEACH BLVD
STE 100
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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: PETER LAUTENBACH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEOP
Name: LAUTENBACH, PETER
Address: 14651 PALM BEACH BLVD, STE 100
City-St-Zip: FORT MYERS, FL 33905

Title: CEOP
Name: LAUTENBACH, PETER CEOP
Address: 14651 PALM BEACH BLVD #100
City-St-Zip: FT MYERS, FL 33905

Title: CEOP
Name: LAUTENBACH, PETER
Address: 14651 PALM BEACH BLVD #100
City-St-Zip: FT MYERS, FL 33905

Title: CEOP
Name: LAUTENBACH, PETER CEOP
Address: 14651 PALM BEACH BLVD #100
City-St-Zip: FT MYERS, FL 33905

Title: CEOP
Name: LAUTENBACH, PETER CEOP
Address: 14651 PALM BEACH BLVD #100
City-St-Zip: FT MYERS, FL 33905

Title: CEOP
Name: LAUTENBACH, PETER CEOP
Address: 14651 PALM BEACH BLVD #100
City-St-Zip: FT MYERS, FL 33905

I hereby 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 all other like empowered.

SIGNATURE: PETER LAUTENBACH

CEOP

10/04/2010

Electronic Signature of Signing Officer or Director

Date