2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000058947

Entity Name: RIVERSIDE CLINIC, INC.

FILED Mar 17, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

4131 UNIVERSITY BLVD SOUTH 4131 UNIVERSITY BLVD SOUTH #8

SUITE 6

JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216

New Mailing Address: Current Mailing Address:

4131 UNIVERSITY BLVD SOUTH 4131 UNIVERSITY BLVD SOUTH SUITE 6

JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216

FEI Number: 59-3583030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAIKALI, ELIAS N THE FARAH LAW FIRM, P.A. 7006 ATLANTIC BLVD 8823 SAN JOSE BOULEVARD JACKSONVILLE, FL 322118706 US #207

JACKSONVILLE, FL 32217 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: JAMES E. FARAH FOR FARAH LAW FIRM, P.A. 03/17/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition Name: SAIKALI, ELIAS N Name: SAIKALI, ELIAS N

4131 UNIVERSITY BOULEVARD, #8 7948 VINEYARD LAKE RD N Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32216

PTD Title: (X) Change () Addition Title: () Delete

Name: SAIKALI, ELIAS N Name: SAIKALI, RANIA 7948 VINEYARD LAKE DR N 4131 UNIVERSITY BOULEVARD, #8 Address: Address:

JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32216 US City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition Name:

SAIKAL, RANIA Name: 7949 VINEYARD LAKE DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Ρ SIGNATURE: ELIAS N. SAIKALI /JEF 03/17/2006