

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Z00027**

1. Entity Name

RIVERSIDE MEDICAL CORPORATION, L.C.

FILED

00 JAN 24 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

26 N. BEACH ST.
ORMOND BEACH FL 32074

Mailing Address

8 LEIBESTRAUM DRIVE
HORSE SHOE NC 28742-9530

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2658194

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required.

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WOODARD, KATHERINE F.
500 S. RIDGWOODD
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE M ☐ Delete
NAME JABLONSKI, DON, D.O.
STREET ADDRESS 26 N. BEACH ST., #A & B
CITY-ST-ZIP ORMOND BEACH FL

TITLE M ☐ Delete
NAME JABLONSKI, RICHARD, D.O.
STREET ADDRESS 26 N. BEACH ST., #A & B
CITY-ST-ZIP ORMOND BEACH FL

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ADDITIONS/CHANGES

☐ Change ☐ Addition

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-02/01/00--01130--030

*****50.00 *****50.00

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-20-00 828-890-3200