

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Z00027**

1. Entity Name
RIVERSIDE MEDICAL CORPORATION, L.C.

APPROVED
AND
FILED

01 APR 26 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**26 N. BEACH ST.
ORMOND BEACH FL 32074**

Mailing Address

~~8 LEBESTRAUM DRIVE
HORSE SHOE NC 28742~~

2. Principal Place of Business

3. Mailing Address

26 N. BEACH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORMOND BEACH, FL

4. FEI Number

59-2658194

Applied For

Not Applicable

Zip

32174

Country

Zip

32174

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS/CHANGES

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

☐ Change ☐ Addition
300004190933--1
-05/09/01--01076--018
*******50.00 *****50.00**

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

TITLE
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CITY-ST-ZIP
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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 REQUIRED

4/23/01

(386) 673-3344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0027504 AF

CR2E083 (11/00)