2002 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2002 8:00 am **DOCUMENT # Z00027** Secretary of State 1. Entity Name 01-23-2002 90048 024 ****50.00 RIVERSIDE MEDICAL CORPORATION, L.C. Principal Place of Business Mailing Address 26 N. BEACH ST. 26 N. BEACH ST. 908977 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3: Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2658 194 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired , Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODARD, KATHERINE F. Street Address (P.O. Box Number is Not Acceptable) 500 S. RIDGWOODD DAYTONA BEACH FL 32114 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Addition Change TITLE TITLE ☐ Delete JABLONSKI, RICHARD, D.O. NAME NAME STREET ADDRESS STREET ADDRESS 26 N. BEACH ST., #A & B CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/02 (386) 673-3344

FILED