

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 470120

1. Entity Name
GARY M. KRULIK, M.D. & F. M. GERARD, M.D.
ORTHOPEDIC SURGERY, P.A.



Principal Place of Business
2951 N.W. 49TH AVE.
LAUDERDALE LAKES, FL 33313

Mailing Address
2951 N.W. 49TH AVE.
LAUDERDALE LAKES, FL 33313



03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1573680

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KRULIK, GARY M
2951 NW 49 AVE
LAUDERDALE LAKES FL, FL 33313

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

U00000097728
03/29/04-80013-006 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
GERARD, FREDERIC M
2951 N W 49TH AVE
LAUDERDALE LAKE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KRULIK, GARY M
2951 N W 49TH AVE
LAUDERDALE LAKE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
TROIANO, CHRISTOPHER J
2951 N.W. 49TH AVE
LAUDERDALE LAKES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/04 954 739 9700