


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 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.	
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Principal Place of Business 2951 N.W. 49TH AVE. LAUDERDALE LAKES, FL 33313	Mailing Address 2951 N.W. 49TH AVE. LAUDERDALE LAKES, FL 33313
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DO NOT WRITE IN THIS SPACE

01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1573680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	SV
NAME	GERARD, FREDERIC M
STREET ADDRESS	2951 N W 49TH AVE
CITY-ST-ZIP	LAUDERDALE LAKE, FL
TITLE	P
NAME	KRULIK, GARY M
STREET ADDRESS	2951 N W 49TH AVE
CITY-ST-ZIP	LAUDERDALE LAKE, FL
TITLE	T
NAME	TROIANO, CHRISTOPHER J
STREET ADDRESS	2951 N.W. 49TH AVE
CITY-ST-ZIP	LAUDERDALE LAKES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #