

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:46

DOCUMENT # **604569** (4)
1. Corporation Name
KRULL & HOFFMAN FAMILY HEALTH CENTER, P.A.

Principal Place of Business Mailing Address
606 4TH AVENUE, WEST PALMETTO FL 34221-2295 **606 4TH AVENUE, WEST PALMETTO FL 34221-5285 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/26/1973	02/02/1994
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	Applied For
22		27		59-1476820	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
-5295				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KRULL, DAVID J. 606 4TH AVENUE, WEST PALMETTO FL 34221				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: Sign in 12 printed letters of registered agent and title if applicable. NOTE: Registered Agent signature required when renewing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	VP & ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRULL, DAVID	12 NAME	
STREET ADDRESS	2208 8TH ST W	13 STREET ADDRESS	
CITY ST ZIP	PALMETTO, FL 00000	14 CITY ST ZIP	
TITLE	VP	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, CRAIG B	22 NAME	
STREET ADDRESS	7809 17TH AVE, W	23 STREET ADDRESS	CRAIG B. HOFFMAN IS NO LONGER WITH OUR CORPORATION. TERMINATED 08/31/94.
CITY ST ZIP	BRADENTON, FL 00000	24 CITY ST ZIP	
TITLE	P	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAITZ, RAYMOND	32 NAME	
STREET ADDRESS	4108 POMPANO LANE	33 STREET ADDRESS	
CITY ST ZIP	PALMETTO, FL 00000	34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DAVID J. KRULL, M. D. *David Krull M.D.*
 SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

01/10/95
 (Expires 1 Year)