FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 604569 1. Corporation Name

NORTH RIVER FAMILY HEALTH CENTER, P.A.

													
Principal Place of Business			Mailing Address										
606 4TH AVENUE. WEST		606 4TH AVENUE, WEST											
PALMETTO FL 34221-5295 US		PALMETTO FL 34221-5295 US						DO NOT WRITE IN THIS SPACE					
••									Incorporated	f or Qualife	ed		
2. Principal Pi	ace of Business	2a. Ma	ailing Address					4. FEIN	umber			I A	pplied For
21		26						59-1	476820			N	lot Applicable
Suite, Apt.	#, etc.	Su 27	ite, Apt. #, etc.				·	5. Certifo	cate of Stati	us Desired		.	Additional Required
City & State	9		ty & State					6. Electi	on Campaig	n Financing	9 _	\$5.00	May Be
23		28						Trust	Fund Contr	ibution	э <u>П</u>		to Fees
Zip	Country	Zir)	Co	untry			8. This o	corporation (owes the cu	urrent year	Intangible	_
24	25	29		30					nal Propert			Yes	□No
	9. Name and Address of Current	t Registere	ed Agent					10. Name	and Addre	ess of New	v Register	ed Agent	
KDIR	II DAMD I				81	Nan	ne						
	ll, david j 4th av enue , west	*	4		82	Stre	et Addres	ss (P.O. Bo	x Number is	Not Acce	ptable)		
	<u>-</u>				Ш				. × 10,	4 - 4 - 5 - 5 - 5	5 s , us -4 s ?	8,1 f2p -> g144 F32	. A (A) 1 15411 1995
PALE	METTO FL 34221				83								
					84	City			: 3' , 6	* 111112		85 Zip	
						l							
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1	1508, Florida Statu	tes, the	above	-nam	ed corpoi	ration subm	its this state	ement for th	he nurnose	of changing i	s registered
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	2 and 607.1 of Florida. S	1508, Florida Statu Such change was a	ites, the a	above ed by t	e-nam the co	ed corpoi	ration subm	its this state directors. I	ement for the hereby acc	he nurnose	of changing in pointment as i	s registered egistered
office or re agent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. S ions of; Se	1508, Florida Statu Such change was a ction 607.0805, Fl	ites, the authorize	above ed by t	e-nam the co	ed corpor progration	ration subm	nits this state directors. I	ement for the hereby acc	he purpose cept the ap	poinument as i	s registered registered
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligation DAVID J. KRULL, M. Signature, typed or printed name of registered agent	of Florida. S ions of; Se	Such change was a ction 607.0505, Fi	authorize prida Sta	tutes	10e cc	rporation	when reinstating	W/	nereby acc	ne purpose cept the ap	/20/99	egistered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation DAVID J. KRULL, M.	of Florida, Sions of; Sei	Such change was a ction 607.0605, Fix	authorize prida Sta	tutes	10e cc	rporation	when reinstating	W/	nereby acc	ne purpose cept the ap	poinument as i	ORS IN 12
office or reading agent. I are	egistered agent, or both, in the State or m familiar with, and accept the obligati DAVID J. KRULL, M. Signature, typed or printed name of registered agent	of Florida, Sions of; Sei	Such change was a ction 607.0605, Fix	euthorize prida Sta E: Registere	tutes	10e cc	rporation	when reinstating	W/	nereby acc	ne purpose cept the ap	/20/99	ORS IN 12
office or reagent. I are SIGNATURE	egistered agent, or both, in the State or marmiliar with, and accept the obligation of the DAVID J. KRULL, M. Signature, typed or printed name of registered agent OFFICERS AND	of Florida, Sions of; Sei	ction 607.0805, Fix elicable. (NOT	euthorize prida Sta E: Registere 13	tutes	10e cc	rporation	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT	ORS IN 12
office or reagent. I are SIGNATURE 12.	egistered agent, or both, in the State or m familiar with, and accept the obligation DAVID J. KRULL, M. Signature, typed or printed name of registered agent OFFICERS AND VST	of Florida, Sions of; Sei	ction 607.0805, Fix elicable. (NOT	authorize prida Sta E: Registere	od Aggari	10e cc	ure required v	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT	ORS IN 12
office or reagent. I are SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation DAVID J. KRULL, M. Signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID	of Florida, Sions of; Sei	ction 607.0805, Fix elicable. (NOT	authorize prida Sta E: Registere 13 1.11 1.21	od Aggari	T ADDRE	ure required v	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT	ORS IN 12
office or reagent. I an SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State or in familiar with, and accept the obligati DAV1D J. KRULL, M. Signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID 2208 8TH ST W	of Florida, Sions of; Sei	ction 607.0805, Fix elicable. (NOT	authorize prida Sta E: Registere 13 1.11 1.2 N 1.3 S	ed by to tutes and Aggert	T ADDRE	ure required v	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT	ORS IN 12
office or reagent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State or m familiar with, and accept the obligati DAV1D J. KRULL, M. Signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID 2208 8TH ST W PALMETTO, FL 00000	of Florida, Sions of; Sei	Such change was a ction 607.0805, Franciscable. (NOT ORS	E: Registere 13 1.11 1.21 1.35 1.40	od by to tutes od Aggard. ITTLE VAME STREET CITY-ST	T ADDRE	ure required v	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT	ORS IN 12
office or reagent. I ar agent. I ar agent. I ar signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State or m familiar with, and accept the obligati DAVID J. KRULL, M. Signature. typed or printed name of registered agent OFFICERS AND KRULL, DAVID 2208 8TH ST W PALMETTO, FL 00000 P	of Florida, Sions of; Sei	Such change was a ction 607.0805, Franciscable. (NOT ORS	E: Registere 13 1.11 12N 1.38 1.40 2.11	od Agari	T ADDRE	required to	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT	ORS IN 12
office or reagent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State or familiar with, and accept the obligating the property of the propert	of Florida, Sions of; Sei	Such change was a ction 607.0805, Franciscable. (NOT ORS	E. Registere 13 1.11 1.21 1.35 1.40 2.11 2.21	od Agari	ADDRE	required to	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT	ORS IN 12
office or reagent. I ar agent. I ar agent. I ar signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State or familiar with and accept the obligation of familiar with and accept the obligation of familiar with and accept the obligation of familiar with a signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID 2208 8TH ST W PALMETTO, FL 000000 P RAITZ, RAYMOND 4106 POMPANO LANE PALMETTO, FL 00000	of Florida, Sions of; Sei	Such change was a ction 607.0805, Franciscable. (NOT ORS	E. Registere 1.3 1.11 1.2 1.3 1.4 2.11 2.2 2.3 2.4	od Agantonic Aga	ADDRE	required to	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT	ORS IN 12 Addition
office or reagent. I are agent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State or familiar with, and accept the obligating the property of the propert	of Florida, Sions of; Sei	Ction 607.0505, Front of the control	E. Registere 13 1.11 1.24 1.35 1.40 2.11 2.24 2.35 2.44	ad Agam Agam Agam Agam AME STREET CITY-ST CITY-ST CITY-ST	ADDRE	required to	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT Change	ORS IN 12 Addition
office or reagent. I are agent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	egistered agent, or both, in the State or familiar with and accept the obligation of familiar with and accept the obligation of familiar with and accept the obligation of familiar with a signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID 2208 8TH ST W PALMETTO, FL 000000 P RAITZ, RAYMOND 4106 POMPANO LANE PALMETTO, FL 00000	of Florida, Sions of; Sei	Ction 607.0505, Front of the control	### Table 1	ITTLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST TITLE VAME	ADDRE	ure required	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT Change	ORS IN 12 Addition
office or reagent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State or familiar with and accept the obligation of familiar with and accept the obligation of familiar with and accept the obligation of familiar with a signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID 2208 8TH ST W PALMETTO, FL 000000 P RAITZ, RAYMOND 4106 POMPANO LANE PALMETTO, FL 00000	of Florida, Sions of; Sei	Ction 607.0505, Front of the control	### Table 1	ITTLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST TITLE VAME	If signature of Address of Addres	ure required	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT Change	ORS IN 12 Addition
office or reagent. I are agent. I are signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	egistered agent, or both, in the State or familiar with and accept the obligation of familiar with and accept the obligation of familiar with and accept the obligation of familiar with a signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID 2208 8TH ST W PALMETTO, FL 000000 P RAITZ, RAYMOND 4106 POMPANO LANE PALMETTO, FL 00000	of Florida, Sions of; Sei	Ction 607.0505, Front of the control	### Table 1	INTLE	If signature of Address of Addres	ure required	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT Change	ORS IN 12 Addition
office or reagent. I are agent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State or familiar with and accept the obligation of familiar with and accept the obligation of familiar with and accept the obligation of familiar with a signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID 2208 8TH ST W PALMETTO, FL 000000 P RAITZ, RAYMOND 4106 POMPANO LANE PALMETTO, FL 00000	of Florida, Sions of; Sei	Ction 607.0505, Front of the control	authorize prida Sta E: Registere 13	INTLE	If signature of Address of Addres	ure required	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT Change	ORS IN 12 Addition Addition
office or reagent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State or familiar with and accept the obligation of familiar with and accept the obligation of familiar with and accept the obligation of familiar with a signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID 2208 8TH ST W PALMETTO, FL 000000 P RAITZ, RAYMOND 4106 POMPANO LANE PALMETTO, FL 00000	of Florida, Sions of; Sei	Ction 607.0505, Front of the control	authorize prida Sta E: Registere : Registe	INTLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME NAME NAME NAME NAME NAME NAME NA	If address of Address	ure required	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT Change	ORS IN 12 Addition Addition
office or reagent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State or familiar with and accept the obligation of familiar with and accept the obligation of familiar with and accept the obligation of familiar with a signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID 2208 8TH ST W PALMETTO, FL 000000 P RAITZ, RAYMOND 4106 POMPANO LANE PALMETTO, FL 00000	of Florida, Sions of; Sei	Ction 607.0505, Front of the control	authorize prida Sta E: Registere : Registe	INTITLE NAME STREET CITY-ST ITTLE NAME STREET CITY-ST ITTLE NAME STREET CITY-ST ITTLE NAME STREET NAME STREET NAME STREET NAME STREET	If ADDRE	ure required	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT Change	ORS IN 12 Addition Addition
office or reagent. I are agent. I are agent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State or familiar with and accept the obligation of familiar with and accept the obligation of familiar with and accept the obligation of familiar with a signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID 2208 8TH ST W PALMETTO, FL 000000 P RAITZ, RAYMOND 4106 POMPANO LANE PALMETTO, FL 00000	of Florida, Sions of; Sei	Ction 607.0505, Front of the control	authorize prida Sta E: Registere 13	INTLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME NAME NAME NAME NAME NAME NAME NA	If ADDRE	ure required	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT Change	ORS IN 12 Addition Addition
office or reagent. I are agent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State or familiar with and accept the obligation of familiar with and accept the obligation of familiar with and accept the obligation of familiar with a signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID 2208 8TH ST W PALMETTO, FL 000000 P RAITZ, RAYMOND 4106 POMPANO LANE PALMETTO, FL 00000	of Florida, Sions of; Sei	Ction 607.0505, Francisco	E: Registere 11 12 12 13 14 14 14 15 14 15 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	the day of the state of the sta	If ADDRE	ure required	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT Change	ORS IN 12 Addition Addition
office or reagent. I are agent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	egistered agent, or both, in the State or familiar with and accept the obligation of familiar with and accept the obligation of familiar with and accept the obligation of familiar with a signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID 2208 8TH ST W PALMETTO, FL 000000 P RAITZ, RAYMOND 4106 POMPANO LANE PALMETTO, FL 00000	of Florida, Sions of; Sei	Ction 607.0505, Francisco	E: Registere 11 12 12 13 14 14 14 15 14 14 15 14 15 14 16 16 16 16 16 16 16 16 16 16 16 16 16	INTLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	If ADDRE	ure required	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT Change	ORS IN 12 Addition Addition
office or reagent. I are agent. I are agent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State or familiar with and accept the obligation of familiar with and accept the obligation of familiar with and accept the obligation of familiar with a signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID 2208 8TH ST W PALMETTO, FL 000000 P RAITZ, RAYMOND 4106 POMPANO LANE PALMETTO, FL 00000	of Florida, Sions of; Sei	Ction 607.0505, Francisco	authorize prida Sta E. Registere	INTLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	IT ADDRE	ure required	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT Change	ORS IN 12 Addition Addition
office or reagent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State or familiar with and accept the obligation of familiar with and accept the obligation of familiar with and accept the obligation of familiar with a signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID 2208 8TH ST W PALMETTO, FL 000000 P RAITZ, RAYMOND 4106 POMPANO LANE PALMETTO, FL 00000	of Florida, Sions of; Sei	Ction 607.0505, Francisco	authorize prida Sta E: Registere 13	INTLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET TITLE NAME STREET	IT ADDRE	ure required	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	/20/99 AND DIRECT Change	ORS IN 12 Addition Addition Addition
office or reagent. I are agent. I are agent. I are signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State or familiar with and accept the obligation of familiar with and accept the obligation of familiar with and accept the obligation of familiar with a signature, typed or printed name of registered agent OFFICERS AND VST KRULL, DAVID 2208 8TH ST W PALMETTO, FL 000000 P RAITZ, RAYMOND 4106 POMPANO LANE PALMETTO, FL 00000	of Florida, Sions of; Sei	Ction 607.0505, Francisco	E: Registere 13	INTLE NAME STREET CITY-ST TITLE NAME	IT ADDRE	ure required	when reinstating	IONS/CHAN	nereby acc	ne purpose cept the ap	Change	ORS IN 12 Addition Addition Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption state of Section 119.07(3)(i), 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 septit 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, with all other like expowered.

6.4 CITY-ST-ZIP

SIGNATURE:

RAYMOND IL TRAILTZ, IM TD.

01/20/99 (941) 722-7785

FILED

Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90027 011 ***150.00