


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 604569 1. Entity Name NORTH RIVER FAMILY HEALTH CENTER, P.A. |  |
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| Principal Place of Business 606 4TH AVENUE, WEST PALMETTO, FL 34221-5295 US | Mailing Address 606 4TH AVENUE, WEST PALMETTO, FL 34221-5295 US |
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01072005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1476820 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

KRULL, DAVID J M.D.
606 4TH AVENUE, WEST
PALMETTO, FL 34221-5295

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST KRULL, DAVID M.D. 2206 8TH ST. W PALMETTO, FL 34221 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RAITZ, RAYMOND M.D. 4106 POMPANO LANE PALMETTO, FL 34221 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BILES, JAMES A M.D. 240 BAYSHORE DRIVE TERRA CEIA, FL 34250 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LIPSCOMB, KEVIN P M.D. 7605 ALHAMBRA DRIVE BRADENTON, FL 34209 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HEMMER, ANTHONY R M.D. 13611 E. 11TH TERRACE BRADENTON, FL 34212 |
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| 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: Raymond L. Raitz M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/05 941-722-7785
Date Daytime Phone #