2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 604569

1. Entity Name
NORTH RIVER FAMILY HEALTH CENTER, P.A.

Principal Place of Business	Mailing Address
606 4TH AVENUE, WEST PALMETTO, FL 34221-5295 US	606 4TH AVENUE, WEST PALMETTO, FL 34221-5295 US

DO NOT WRITE IN THIS SPACE

03222006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1476820

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 DAVID J. KRULL, M.D. David J Krull MD 03/28/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VST
NAME	KRULL, DAVID M.D.
STREET ADDRESS	2208 8TH ST. W
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	P
NAME	RAITZ, RAYMOND M.D.
STREET ADDRESS	4106 POMPANO LANE
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	V
NAME	BRILES, JAMES A M.D.
STREET ADDRESS	240 BAYSHORE DRIVE
CITY-ST-ZIP	TERRA CEIA, FL 34250
TITLE	V
NAME	LIPSCOMB, KEVIN P M.D.
STREET ADDRESS	7605 ALHAMBRA DRIVE
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	V
NAME	HEMMER, ANTHONY R M.D.
STREET ADDRESS	13611 E. 11TH TERRACE
CITY-ST-ZIP	BRADENTON, FL 34212
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/06-80034-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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., PRESIDENT 03/28/06 (941) 722-7785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #