

**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.	
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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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DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (11/05)

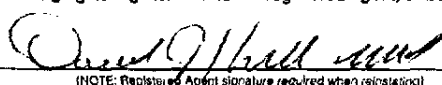
4. FEI Number 59-1476820	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

9. 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.  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
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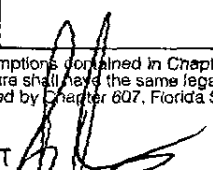
10. OFFICERS AND DIRECTORS

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