2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007
Secretary of State

DOCUMENT# 604569

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

Current Principal Place of Business:

606 4TH AVENUE, WEST
PALMETTO, FL 342215295 US

New Principal Place of Business:

Current Mailing Address:

606 4TH AVENUE, WEST
PALMETTO, FL 342215295 US

New Mailing Address:

FEI Number: 59-1476820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRULL, DAVID J M.D.
606 4TH AVENUE, WEST
PALMETTO, FL 342215295 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VST ( ) Delete
Name: KRULL, DAVID M.D.
Address: 2206 8TH ST. W
City-St-Zip: PALMETTO, FL 34221

Title: P ( ) Delete
Name: RAITZ, RAYMOND M.D.
Address: 4106 POMPANO LANE
City-St-Zip: PALMETTO, FL 34221

Title: V ( ) Delete
Name: BRILES, JAMES A M.D.
Address: 240 BAYSHORE DRIVE
City-St-Zip: TERRA CEIA, FL 34250

Title: V ( ) Delete
Name: LIPSCOMB, KEVIN P M.D.
Address: 7605 ALHAMBRA DRIVE
City-St-Zip: BRADENTON, FL 34209

Title: V ( ) Delete
Name: HEMMER, ANTHONY R M.D.
Address: 13611 E. 11TH TERRACE
City-St-Zip: BRADENTON, FL 34212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J. KRULL, M. D. VST 07/06/2007

Electronic Signature of Signing Officer or Director — Date