

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604569

FILED
Apr 04, 2011
Secretary of State

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

Current Principal Place of Business:

606 4TH AVENUE, WEST
PALMETTO, FL 342215226 US

New Principal Place of Business:

Current Mailing Address:

606 4TH AVENUE, WEST
PALMETTO, FL 342215226 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 342215226 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

OFFICERS AND DIRECTORS:

Title: PE
Name: KRULL, DAVID J M.D.
Address: 2208 8TH ST. W
City-St-Zip: PALMETTO, FL 34221

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

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

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

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

Title: VP
Name: JOHNSON, DANIEL J M.D.
Address: 6908 44TH TERRACE EAST
City-St-Zip: BRADENTON, FL 34203

I hereby 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 all other like empowered.

SIGNATURE: RAYMOND L. RAITZ, M.D.

PRES

04/04/2011

Electronic Signature of Signing Officer or Director

Date