


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F04951 1. Entity Name ROSS T. KRUEGER, M.D., P.A.	
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Principal Place of Business 1801 BARRS ST STE 605 JACKSONVILLE, FL 32204	Mailing Address 1801 BARRS ST STE 605 JACKSONVILLE, FL 32204
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01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2033805	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUEGER, ROSS T., M.D.
1801 BARRS ST
STE 605
JACKSONVILLE, FL 32204

**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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KRUEGER, ROSS T. 1801 BARRS ST STE 605 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KRUEGER, JEAN C. 1801 BARRS ST STE 605 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/11/05-80032-016 150.00

**DO NOT WRITE
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: Ross T. Krueger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-05 (904)387-4424
Date Daytime Phone #