

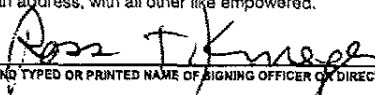


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F04951 1. Entity Name ROSS T. KRUEGER, M.D., P.A.			
Principal Place of Business 1801 BARRS ST STE 605 JACKSONVILLE, FL 32204		Mailing Address 1801 BARRS ST STE 605 JACKSONVILLE, FL 32204	
DO NOT WRITE IN THIS SPACE			
			
		01112007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2033805	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U00000628835 02/16/07-80032-019 150.00	
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		1-29-07 9043874424	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	