## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000064303

Entity Name: BRIAN KRUSE, M.D., P.A.

FILED Jan 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8655 HUNTERS CREEK DRIVE SOUTH 108 HICKORY HILL DRIVE JACKSONVILLE, FL 32256 ST. AUGUSTINE, FL 32095

Current Mailing Address: New Mailing Address:

8655 HUNTERS CREEK DRIVE SOUTH
JACKSONVILLE, FL 32256

108 HICKORY HILL DRIVE
ST. AUGUSTINE, FL 32095

FEI Number: 65-1020292 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KRUSE, BRIAN M.D.

8655 HUNTERS CREEK DRIVE SOUTH
JACKSONVILLE, FL 32256 US

KRUSE, BRIAN M.D.

108 HICKORY HILL DRIVE
ST. AUGUSTINE, FL 32095 US

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: 01/13/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 KRUSE, BRIAN MD
 Name:
 KRUSE, BRIAN MD

 Address:
 8655 HUNTERS CREEK DRIVE SOUTH
 Address:
 108 HICKORY HILL DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 ST. AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN KRUSE, M.D. PRES 01/13/2005