

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108824

FILED  
Feb 05, 2011  
Secretary of State

**Entity Name:** JOSEPH Z. KRAUSE, M.D., P.A.

**Current Principal Place of Business:**

5162 LINTON BLVD  
SUITE 102  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5162 LINTON BLVD  
SUITE 102  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 65-0811188      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KRAUSE, FRANCES  
5162 LINTON BLVD  
SUITE 102  
DELRAY BEACH, FL 33484 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:** PRES  
**Name:** KRAUSE, JOSEPH Z MD  
**Address:** 5162 LINTON BLVD, STE 102  
**City-St-Zip:** DELRAY BEACH, FL 33484

**Title:** VP  
**Name:** KRAUSE, FRANCES L  
**Address:** 5162 LINTON BLVD STE 102  
**City-St-Zip:** DELRAY BEACH, FL 33484

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: FRANCES KRAUSE

VP

02/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date