2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2006 08:00 AM Secretary of State

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DOCUMENT # 548901 1. Entity Name RICARDO J. LARRAIN, M.D., P.A.				Secretary of State	
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Principal Plac	e of Business	Mailing Address	_	}	
	OUTH AVENUE	800 W PLYMOUTH AVENUE			
DELAND, FL	32720-0271	DELANO, FL 32720-0271			
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_		(1110 012		4. FEI Number 59-1783270	Applied For Not Applicable
	. ~		* • • •		\$8.75 Additional
				5. Certificate of Status Desired	Fee Required
Name and Address of Current Registered Agent					
RICARDO J. LARRAIN 800 WEST PLYMOUTH AVENUE			1		
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DELAND, FL 32720				ar ·	
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	named entity submits this statement for ti ions of registered agent.	ne purpose of changing its registe	red office or register	wed agent, or both, in the State of Florida. 1	em familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of replatered agent and	title if applicable. (NOTE Register	ed Agent signature required		
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				i. 00 May Be 03,/17/06-8084	149 18-014 150.80
10.	OFFICERS AND DI	RECTORS	7	- <u>-</u>	
TITLE	DPST			* · · · · · · · · · · · · · · · · · · ·	•
NAME	LARRAIN, M.D., RICARDO J		1	-	
STREET ADDRESS	800 W PLYMOUTH AVENUE	·	1		
City-ST-ZIP	DELAND, FL 327200271	_ 			
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12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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: _

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06 386736784