


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # 548901 1. Entity Name RICARDO J. LARRAIN, M.D., P.A. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 800 W PLYMOUTH AVENUE DELAND, FL 32720-0271 | Mailing Address 800 W PLYMOUTH AVENUE DELAND, FL 32720-0271 |
|---|---|

DO NOT WRITE IN THIS SPACE



02132007 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 59-1783270 | 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

RICARDO J. LARRAIN
800 WEST PLYMOUTH AVENUE
DELAND, FL 32720

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 reinstating) DATE _____

| | |
|---|---|
| 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 |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST LARRAIN, M.D., RICARDO J 800 W PLYMOUTH AVENUE DELAND, FL 327200271 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

03/12/07-00006-011 150.00

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: *Ricardo Larrain* 2/20/07 316 736-1464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #