


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 13, 2008 08:00 AM
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



02022008 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

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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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

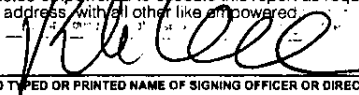
02/21/08-97043-010 150.00

10. OFFICERS AND DIRECTORS

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

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 reports 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:  **2/8/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #