

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 604581

1. Entity Name
ROSS, THRO, RUANE, M.D.'S, P.A.



FILED
Jul 28, 2008 08:00 AM
Secretary of State

| | |
|--|--|
| Principal Place of Business 842 SUNSET LAKE BLVD. SUITE 403 VENICE, FL 34292 | Mailing Address 842 SUNSET LAKE BLVD. SUITE 403 VENICE, FL 34292 |
|--|--|



07182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-1476666 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ROSS, ROBERT
842 SUNSET LAKE BLVD. STE 403
VENICE, FL 34292

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City FL Zip Code |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|----------------------------------|---------------------------------|--|---|---------------------------|---|--|
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | U00000956545 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROSS, ROBERT R JR | | | NAME | | | |
| STREET ADDRESS | 842 SUNSET LAKE BLVD., SUITE 403 | | | STREET ADDRESS | 07/28/08-80007-023 150.00 | | |
| CITY-ST-ZIP | VENICE, FL 34292 | | | CITY-ST-ZIP | | | |
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | THRO, JOSEPH G. | | | NAME | | | |
| STREET ADDRESS | 842 SUNSET LAKE BLVD., SUITE 403 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | VENICE, FL 34292 | | | CITY-ST-ZIP | | | |
| TITLE | STD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RUANE, THOMAS J | | | NAME | | | |
| STREET ADDRESS | 842 SUNSET LAKE BLVD., SUITE 403 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | VENICE, FL 34292 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
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| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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: 07/23/08 941-485-3351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT R. ROSS, JR., M.D.